

Case Number:	CM14-0212331		
Date Assigned:	01/02/2015	Date of Injury:	04/17/1995
Decision Date:	03/03/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 57-year-old female presenting with a work-related injury on April 17, 1900. The patient was diagnosed with cervical radiculopathy. CT scan on October 1, 2013 showed the left posterior central disc osteophyte complex and mild bilateral vertebral hypertrophy at C5 - C6, causing mild spinal cord compression on a chronic phase, mild bilateral foraminal stenosis was also noted. At C6 - C7 there is a large posterior central disc osteophyte and mild bilateral vertebral hypertrophy, causing mild spinal cord compression on the chronic pain. CT myelogram of the cervical spine on October 21, 2013 wasn't incomplete study. The patient has tried medications, physical therapy and home traction device. On November 14, 2014 the patient complained of pain in the left neck and shoulder girdle with radiation to the left upper extremity. The patient's medications included Norco 10/325mg three times a day. The physical exam showed 3 to 4 patches of erythema in the left upper cervical and trapezius area, thoracic not. Because the shingles, pain on cervical spine extension and lateral bending, Spurling's maneuver was positive on the left radiating pain into the left shoulder and left arm, light touch sensation was decreased in the third, fourth and fifth digits of the left hand, malicious was intact, reflexes were one in the bilateral biceps and brachioradialis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cervical Epidural Corticosteroid Injection at the C5-C6 and C6-7 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Cervical Epidural Corticosteroid Injection at the C5-C6 and C6-7 levels The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The ODG states that in terms of sedation with epidural steroid injections, the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety. Additionally, a major concern is that sedation may result in the inability of the patient to experience the expected pain and parathesias associated with spinal cord irritation. The claimant's symptoms and MRI is consistent with radiculopathy in the distribution of the epidural treatment level; however, no more than 2 nerve roots are recommended with transforaminal epidural steroid injections and no more than one nerve root with interlamina epidural steroid injections. The request is not clear for an interlamina epidural steroid injection versus a transforaminal approach. The requested procedure is not medically necessary per ODG and CA MTUS guidelines.