MAXIMUS Federal Services

Case Number:	CM14-0217047		
Date Assigned:	01/06/2015	Date of Injury:	09/28/2011
Decision Date:	02/28/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/29/2014

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

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

This 38 year old woman sustained an industrial injury on 9/28/2011. The mechanism of injury is not described. Current diagnoses include cervical radiculopathy, cervical degenerative disc disease, cervcial strain, chronic pain, right shoulder supraspinatus tendinosis. Treatment has included oral medications, epidural steroid injections on 6/26/2012, 10/12/2012 and 3/15/2013, chiropractic care, pain management consultation, and UDS. Physician notes dated 8/07/2012 state that the worker had the last epidural steroid injection on 6/26/2012. The worker states that she feels less stiff, has less pain in the neck, and approximately 50% less numbness of the right hand. Physician notes dated 11/7/2014 show complaints of neck and right side arm pain. There is reference to a MRI performed on 11/29/2011 showing reversal of cervical lordosis, central disc extrusion at C5-C6, right paracentral posterolateral disc protrusion at C3-C4, central disc osteophyte complex, moderate central canal narrowing at C5-C6, disc bulge, uncovertebral hypertrophy, and facet arthropathy at C6-C7, C5-C6 disc osteophyte complex, 5mm right lateral end plate spur, and C3-C4, C4 paracentral posterolateral disc protrusion. Recommendations include EMG/nerve conduction studies of the right upper extremity, repeat MRI of the cervical spine, and two cervical spine epidural injections. A request for authorization was submitted for epidural injection on 11/18/2014.On 12/18/2014, Utilization Review evaluated a prescription for two cervical epidural steroid injections. The UR physician noted that there was no documentation of physical therapy or a home exercise program and the worker's objective functional response to previous injection was not adequately assessed and documented. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) cervical epidural injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: This 38 year old female has complained of neck pain and right shoulder pain since date of injury 9/28/11. She has been treated with physical therapy, epidural steroid injections and medications. The current request is for 2 cervical epidural steroid injections. Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (7) above. Specifically, there is no documentation of the response to prior lumbar epidural injection to include a 50% pain relief with associated reduction of medication use for six to eight weeks. On the basis of the above MTUS guidelines and available provider documentation, the request for two cervical epidural steroid injections is not indicated as medically necessary.