

Case Number:	CM14-0218416		
Date Assigned:	01/08/2015	Date of Injury:	04/19/2014
Decision Date:	03/05/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/30/2014

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: New Jersey

Certification(s)/Specialty: Family Practice

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 is a 52 year old female who sustained a work related injury on 4/19/2014 when she was pinned against a fence by her car when another car backed into her car as she was walking toward it. Per the Initial Evaluation dated 10/31/2014, the injured worker reported pain in the neck, mid back, low back, both shoulders and right hip. Pain is continuous in the left shoulder, neck and back especially under the left scapula. She has severe pain in the right hip. Objective physical examination revealed tenderness of palpation of the spinous processes and paraspinal muscles from the cervical to lumbar spine. Cervical spine range of motion revealed normal flexion and extension limited by 25%. Lateral tilt is limited by 25% bilaterally. Flexion of the lumbar spine is 80 degrees. Extension is 10 degrees and painful. Lateral tilt was limited by 25% to the right and 10% to the left. Examination of the hips revealed pain in the right hip with internal rotation. Diagnoses included cervical radiculitis associated with cervical disc displacement; rule out hip arthritis, and myofascial pain throughout the paraspinal muscles. The plan of care included medications. Work Status is not permanent and stationary. She is currently performing modified work duties. Magnetic resonance imaging (MRI) dated 7/26/2014 revealed multilevel disc bulges at C5-6, C6-7 and C7-T1 levels. Prior treatment has included physical therapy, the number of sessions has not been provided. On 11/25/2014, Utilization Review non-certified a prescription for a C5-6 epidural steroid injection under fluoroscopic guidance and a cervical epidurogram under IV sedation based on lack of medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 epidural steroid injection, fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, There was reported neck pain but no report of distal arm symptoms suggestive of radiculopathy. Also, there was no objective evidence of radiculopathy from the physical examination findings included in the documentation provided for review. Therefore, without this evidence to confirm the diagnosis of cervical radiculopathy and the exact root and side affected, the C5-6 epidural steroid injection is not medically necessary.

Cervical epidurogram IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but

use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there was reported neck pain but no report of distal arm symptoms suggestive of radiculopathy. Also, there was no objective evidence of radiculopathy from the physical examination findings included in the documentation provided for review. Therefore, without this evidence to confirm the diagnosis of cervical radiculopathy and the exact root and side effected. The cervical epidurogram/IV sedation is not medically necessary.