

Case Number:	CM15-0100393		
Date Assigned:	06/02/2015	Date of Injury:	01/11/2014
Decision Date:	06/30/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

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

The injured worker is a 51-year-old female, who sustained an industrial injury on 01/11/2014. The injured worker reported a fall, resulting in hitting her chin, right upper arm, and right knee. She complained of neck pain and spasms, thoracic and low back pain, as well as arm and right knee pain. She was originally diagnosed with right contusion of knee, lumbosacral strain, thoracic spine strain, cervical strain, and right contusion upper arm. On provider visit dated 04/23/2015 the injured worker has reported low back pain and neck pain. On examination, neurovascular of C1 through T2 was noted to have normal sensory exam to light touch and pain and range of motion was noted to be limited. The diagnoses have included low back pain, neck pain, radicular syndrome of lower limbs and brachial neuritis. Treatment to date has included medication and physical therapy. The provider requested Cervical Epidural Steroid Injection at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical epidural steroid injection C7 - T1 is not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. While not recommended, cervical ESI may be supported with the following criteria. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. In this case, the injured worker's working diagnoses are low back pain; neck pain; radicular syndrome lower limbs; and brachial neuritis. Documentation from an April 23, 2015 progress note states subjectively the injured worker has neck pain that radiates into the intra-scapular area. Objectively, cervical range of motion is decreased, but the remainder of the examination is unremarkable. Neurologically, there is no objective evidence of cervical radiculopathy. MRI evaluation showed disc bulges with insignificant radiographic findings. There were no electrodiagnostic studies in the medical record. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Consequently, absent clinical documentation with objective evidence of radiculopathy with MRI corroboration, cervical epidural steroid injection C7 - T1 is not medically necessary.