

Case Number:	CM15-0102507		
Date Assigned:	06/04/2015	Date of Injury:	08/27/2012
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/28/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old female injured worker suffered an industrial injury on 08/27/2012. The diagnoses included chronic pain syndrome, cervical radiculitis, neck pain, numbness, neuralgia and arm pain. The injured worker had been treated with physical therapy, cervical epidural steroid injection (8/5/2014 and 1/2/2015) that helped her pain by 50%, medications and H-wave. On 5/5/2015 the treating provider reported neck right upper back and right arm pain. She reported the neck pain was getting worse with increase in numbness and tingling in the right hand. On exam there were diminished sensations in the right forearm and hand. There was moderate tenderness and spam of the cervical spine with increased pain on motion. The treatment plan included Cervical Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Cervical Epidural Steroid Injection with fluoroscopic guidance under conscious sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181-2, Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Epidural steroid injections (ESIs) Page(s): 39-40, 46. Decision based on Non-MTUS Citation American Society of Interventional Pain Physician: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations Source: <http://www.guideline.gov/content.aspx?id=45379#Section420>.

Decision rationale: Epidural steroid injections (ESI) are an optional treatment for pain caused by nerve root inflammation, that is, pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. The ACOEM guidelines point out its use has uncertain benefits in neck pathology other than as a non-surgical treatment for nerve root compromise to clarify nerve root dysfunction prior to surgery. As per the MTUS the effects of epidural steroid injections usually will offer the patient only short term relief of symptoms as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. If these other treatment modalities have already been tried and failed, use of epidural steroid injection treatment becomes questionable, unless surgery on the neck is being considered which in this case there is no documentation that that is so. The MTUS also provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination, corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. It also notes that for therapeutic use of this procedure, use of repeat blocks should be based on continued objective documented pain and documentation that the prior block gave at least 50% pain relief with associated reduction in pain medication use for 6-8 weeks. The American Society of Interventional Pain Physician guidelines also recommend repeat therapeutic ESI for patients with cervical radiculitis or cervical disc herniation. This patient meets the above criteria. Her prior ESIs were effective and its effects lasted at least 3 months. Even though surgery is not being considered at this time, a repeat ESI still indicated as per the above guidance. Medical necessity for this procedure has been established. The request is medically necessary.