

Case Number:	CM15-0018206		
Date Assigned:	02/06/2015	Date of Injury:	02/25/2011
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/30/2015

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: North Carolina

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:

The injured worker is a 53year old female, who sustained a work injury on 2/25/11 due to related stress as well as a fall. She has reported symptoms of hand, shoulder, and back pain. Pain was reported as 9/10. Prior medical history was not documented. The diagnoses have included carpal tunnel syndrome, cervicocranial syndrome, joint pain, brachial neuritis, and lumbago.

Treatments to date included medication and therapy. Medication included Norco and Topamax. Examination revealed lumbosacral hyperlordosis, spasm; tenderness to bilateral lumbosacral paravertebral spine, bilateral sciatic notch area. Sensory exam noted cervical spine has decrease to bilateral C5-6, C6-7. Plan was for non surgical management; pain management with Norco, a steroid epidural injection to the cervical area and pre-operative labs was requested. On 1/20/15, Utilization Review non-certified Cervical epidural steroid injection at C6-7; Pre-op labs: Complete Blood Count (CBC) Basic Metabolic Profile (BMP), Prottime/ Partial thromboplastin time (PT/PTT), noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Treatment Guidelines.

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 C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states:Criteria for the use of Epidural steroid injections:Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion andthereby facilitating progress in more active treatment programs, and avoiding surgery, but thistreatment alone offers no significant long-term functional benefit. 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. We recommend no more than 2 ESI injections. The patient has the documentation of decreased sensation along the cervical nerve distribution. There is no evidence of cervical nerve compromise on MRI. For these reasons the criteria set forth above have not been met. Therefore the request is not certified.

Pre-op labs: CBC, BMP, PT/PTT: 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 epidural steroid injections Page(s): 46.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states:Criteria for the use of Epidural steroid injections:Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion andthereby facilitating progress in more active treatment programs, and avoiding surgery, but thistreatment alone offers no significant long-term functional benefit. 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. We recommend no more than 2 ESI injections. The patient has the documentation of decreased sensation along the cervical nerve distribution. There is no evidence of cervical nerve compromise on MRI. For these reasons the criteria set forth above have not been met. Therefore the request is not certified. Since the procedure is not approved, the need for pre-operative labs is not warranted.