

Case Number:	CM15-0113977		
Date Assigned:	06/22/2015	Date of Injury:	02/13/2008
Decision Date:	07/27/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/12/2015

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 injured worker is a 42 year old male, who sustained an industrial injury on 02/13/2008. On provider visit dated 05/06/2015 the injured worker has reported neck pain with shooting sensation to his upper extremities. On examination of the cervical spine tenderness over the paraspinal muscle and over the levator scapular and upper trapezius, moderated tenderness over the C3-4, C4-5, and C6 vertebral interspaces. Muscular spam and guarding was noted in cervical area as well. The diagnoses have included cervical degenerative disc disease C3-4 and C5-6, cervical disc bulge, cervical radiculopathy - bilateral and neck pain with dizziness, vertigo and cervicogenic headache. Treatment to date has included medication and laboratory studies. MRI of the cervical spine on 03/02/2015 revealed mild degenerative disc disease at C3-C4 and C5-C6 with small disc bulges. No central or foraminal stenosis. The provider requested cervical epidural steroid injection at C4-5 and C5-6.

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 C4-5 and C5-6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment; 3) Injections should be performed using fluoroscopy for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block; 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; 8) No more than 2 ESI injections. In this case, there is no objective evidence of radiculopathy. Subjective complaints are not corroborated with imaging studies. The request for Cervical epidural steroid injection at C4-5 and C5-6 is determined to not be medically necessary.