

Case Number:	CM15-0117842		
Date Assigned:	06/26/2015	Date of Injury:	10/13/2014
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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:

This 45 year old female sustained an industrial injury to the neck and right upper extremity 10/13/14. Electromyography/nerve conduction velocity test of the right upper extremity (1/9/15) showed C6 radiculopathy. Magnetic resonance imaging cervical spine (1/30/15) showed diffuse spondylosis in the cervical spine with mild central stenosis from C4-C7 and multilevel foraminal stenosis. Previous treatment plan included physical therapy and medications. In an initial orthopedic consultation dated 5/1/15, the injured worker complained of neck pain with radiation into the right upper extremity. Physical exam was remarkable for well-preserved cervical posture, tenderness to palpation in the right paraspinal musculature without spasms, full range of motion to the cervical spine, tenderness at the extremes of range of motion, positive cervical compression test, 5/5 bilateral upper extremity strength, intact deep tendon reflexes and decreased sensation in the ulnar aspect of the right forearm. X-rays of the cervical spine showed disc degeneration. The physician noted that magnetic resonance imaging cervical spine showed a right sided disc herniation at C6-7 with mild bulging at C5-6. Current diagnoses included cervical disc herniation and right arm radiculopathy. The physician stated that the injured worker had had these symptoms for greater than six months. Based on her symptoms, positive nerve studies, positive magnetic resonance imaging and failure to respond to conservative care, the injured worker was a candidate for an epidural steroid injection. If the procedure failed to relieve her symptoms, the injured worker would be a candidate for one-level anterior cervical discectomy and fusion. The treatment plan included epidural steroid injection at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection C6-7: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION 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 and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment 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 radicular neck pain. Review of the documentation shows MRI collaborating physical examination findings. Therefore, the request is medically necessary, as criteria for ESI have been met.