

Case Number:	CM15-0119939		
Date Assigned:	06/30/2015	Date of Injury:	05/25/2008
Decision Date:	08/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: Physical Medicine & Rehabilitation

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 (IW) is a 54 year old male who sustained an industrial injury on 05/25/2008. He reported a slip and fall injury where he landed in a stiffened sitting position causing immediate pain to the back and left leg. The injured worker was diagnosed as having central broad based disc protrusion, lumbar spine, L4-5 and L5-S1 effacing the anterior thecal sac with evidence of an 8/4 mm spondylotic/spondylolisthesis at the level of L4-5; disc bulge lumbar spine L5-S1 measuring 3.2mm effacing the anterior thecal sac with evidence of tear of the posterior annulus fibrosis; Spina bifida without evidence of dysplastic appearance of the posterior elements at L5; degenerative disc disease L4-5 and L5-S1; facet joint arthropathy, lumbar spine L3- S1 with lower extremity radiculopathy; Disc extrusion cervical spine C5-6 with evidence that the extrusion is narrowing the anterior aspect of the subarachnoid space without compromising the spinal cord; facet joint arthrosis C4-C6; degenerative disc disease of the cervical spine C2-C7 with upper extremity radiculopathy. Treatment to date has included care with a chiropractic physician and initial physical therapy treatments which temporarily reduced symptoms, and lower back surgery (06/28/2013). After surgery the worker received acupuncture and physical therapy which reduced his symptoms temporarily. An X-ray of the cervical spine (04/17/2014) showed dextroconvex cervical scoliosis with reversal of the cervical lordosis centered on C3-4. MRI of the cervical spine (08/13/2014) showed degenerative bulging disc C4-5, C5-6 with no significant compression, and arthritis at C4-5 and C5-6. An EMG/NCV (electromyogram/ nerve conduction velocity) of the upper extremities on 08/15/2014 showed no evidence of cervical radiculopathy. The NCV showed no evidence of bilateral median, radial or

ulnar neuropathy, and showed medial neuropathy at both wrists consistent with mild bilateral carpal tunnel. He is under the care of a pain management physician. Currently, the injured worker complains of constant severe neck pain radiating constantly into the shoulders, arms, hands and fingers and thumbs. There is numbness and tingling in the hands and fingers with weakness of the upper extremities and hands. He is experiencing localized constant lower back pain that increases with sitting, walking or standing over five minutes, forward bending, squatting, stooping climbing or descending stairs, twisting, turning and forceful pushing and pulling. He reports sphincter problems. The pain is rated as a 9/10 at worst and a 7/10 at best. He complains of depression, anxiety, desperation, stress and insomnia. Objective findings include vertebral tenderness C5-7. Range of motion is limited due to pain. Pain increased with flexion and extension and there was decreased sensation in the right upper extremity and moderately decreased strength in the bilateral upper extremities. He had a cervical epidural steroid injection (01/24/2015) that gave less than 5% overall improvement, and helped for 4-5 months. Medications include Dilantin, Lovastatin, Omeprazole, Naproxen, Cartivisc, Metformin, Niaspan ER, Lantus, Tramadol, Hydrocodone, Gabapentin, and topical ointment for pain. The treatment plan is for a repeat epidural injection at C5-C7. A request for authorization is made for an interlaminar epidural injection at C5-C7 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural injection at C5-C7 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 48-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: Based on the 05/11/15 progress report provided by treating physician, the patient presents with neck pain that radiates down bilateral upper extremities to the hands, rated 9/10 with and 10/10 without medications. The request is for INTERLAMINAR EPIDURAL INJECTION AT C5-C7 UNDER FLUOROSCOPY. RFA with the request not provided. Patient's diagnosis on 05/11/15 included chronic pain other and cervical radiculitis. Treatment to date included physical therapy, chiropractic, acupuncture, imaging and electrodiagnostic studies, trigger point injections, cervical ESI, carpal tunnel injection, and medications. Patient's medications include Dilantin, Lovastatin, Omeprazole, Naproxen, Cartivisc, Metformin, Niaspan ER, Lantus, Tramadol, Hydrocodone, Gabapentin, and topical ointment for pain. The patient is not working, per 05/11/15 report. Treatment reports were provided from 04/16/14 - 07/02/15. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 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. 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... 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." MTUS p46 states "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Per 05/11/15 report, the patient "is status post Cervical Epidural Steroid Injection bilateral C5-7. This procedure took place on Jan 23, 2015. Post procedure the patient reports no (less than 5%) overall improvement." Per 02/16/15 report, treater states "...will consider TFESI after CESI. Patient states first CESI didn't help much, requesting repeat as he understands sometimes need 2 or 3 to get relief." Physical examination to the cervical spine on 05/11/15 revealed paravertebral tenderness at C5-7. Range of motion was limited severely, especially on flexion and extension. Sensory examination showed decreased sensation in the right upper extremity. Motor examination showed moderate decreased strength in the bilateral upper extremities. MRI of the cervical spine on 08/16/14 revealed "C5-6: Diffuse disc protrusion with annular tear compressing the thecal sac. Disc material and facet hypertrophy causing bilateral neural foraminal stenosis that encroaches the left and right C6 exiting nerve roots, more so on right side than left." ESI would not be indicated without a clear diagnosis of radiculopathy. MTUS guidelines support ESIs in patients only when radiculopathy is documented by physical examination and corroborated with imaging and/or electrodiagnostic studies. MTUS states on p46, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In this case, the patient's neck pain and bilateral upper extremity symptoms are not supported by examination findings, and EMG of upper extremities on 08/15/14 was normal demonstrating "...no evidence of bilateral cervical radiculopathy." Furthermore, for repeat cervical ESI's, MTUS requires documentation of objective pain and functional improvement, including at least 50% pain relief with associated reduction of medication use. Treater has documented that prior procedure "didn't help much." Moreover, MTUS states "No more than one interlaminar level should be injected at one session," and the request is for levels C5-C7. This request is not in accordance with guideline criteria. Therefore, the request IS NOT medically necessary.