

Case Number:	CM15-0125685		
Date Assigned:	07/10/2015	Date of Injury:	12/31/2013
Decision Date:	08/06/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, California
 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 32-year-old female who sustained an industrial injury on 12/31/2013. Mechanism of injury occurred when while retrieving products, looking down and writing, a coworker was opening a pallet and heavy boxes came down hitting the injured worker on the back and injuring her lower and upper back, the back of her legs, right hip and right shoulder. Diagnoses include C4-C5 disc protrusion with radiculopathy and failed conservative treatment. Treatment to date has included diagnostic studies, medications, acupuncture, shoulder injection, physical therapy and a home exercise program. She is currently off of work. There is an unofficial report of an Electromyography done in July of 2014, which showed cervical radiculopathy. In addition, there is an unofficial report of a cervical Magnetic Resonance Imaging done on 02/19/2015 which revealed C4-5-2mm posterior rightward bulge or protrusion with mild right greater than left central stenosis. A physician progress note dated 05/18/2015 documents the injured worker complains of neck pain and right arm pain rated 8 out of 10 on the pain scale. She also complains of back pain, bilateral buttocks pain, right shoulder pain, and bilateral hip pain rated as 8 out of 10. On examination, there is tenderness to palpation noted over the bilateral paraspinal muscles. Range of motion was -10 degrees with pain in all planes. The treatment plan was to continue with the medications as prescribed by her primary treating physician. Treatment requested is for cervical epidural steroid injection (ESI) at C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (ESI) at C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Upper Back and Neck Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the 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 electro diagnostic 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. In this case, the claimant had EMG and MRI findings consistent with radiculopathy. There was muscle weakness noted on exam but the level was not documented. There were no sensory or pain findings. The details of the neurological exam do not substantiate the need for an ESI. In addition, the ACOEM guidelines do not recommended the invasive procedure due to short-term benefit. The request for an ESI is not medically necessary.