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| Case Number: | CM15-0126910 | | |
| Date Assigned: | 07/13/2015 | Date of Injury: | 04/22/2009 |
| Decision Date: | 08/07/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

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 46 year old female, who sustained an industrial injury on 4/22/2009. She reported that a stack of refrigerators fell on her. The injured worker was diagnosed as having cervicalgia, other pain disorder related to psychological factors, and chronic pain syndrome. Her past medical history included bipolar disorder. Treatment to date has included diagnostics, acupuncture, epidural steroid injections, Toradol injections, and medications. Currently (6/03/2015), the injured worker complains of ongoing and increasing pain in her right upper extremity and neck, along with paresthesia, for the past week. She received a transforaminal epidural steroid injection on 8/06/2013 with improvement in radicular symptoms and ongoing neck pain with daily occipital headaches, with concordant facet loading at bilateral C3-4 and C4-5. She was scheduled for repeat medial branch blocks and current pain was rated 6/10. For the past four months, she had new and ongoing daily pain in her left shoulder and upper extremity, along with intermittent paresthesias in her left wrist and hand. It was documented that she had sustained relief after transforaminal epidural steroid injection (TFESI) in 2013 for 8 months. Magnetic resonance imaging was documented as showing central stenosis at C5-6 and moderate left foraminal stenosis at C6-7, associated with osteophytic spurring. Current medications included Docusate, Prilosec, Orphenadrine, Fenoprofen, Topamax, Norco, Geodon, and Wellbutrin SR. She was currently on "temporary disability" due to her painful condition. The treatment plan included TFESI at C6-7 under fluoroscopic guidance and sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection at C6-C7 level under fluoroscopic guidance and sedation: Overturned

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

MAXIMUS guideline: Decision based on MTUS 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 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. In this case, the claimant has exacerbation in neck pain. The claimant has tried or the physician has requested conservative interventions. The claimant received substantial benefit from an ESI 2 yrs. ago. The request for another ESI in this case is appropriate and medically necessary.