

Case Number:	CM15-0127123		
Date Assigned:	07/13/2015	Date of Injury:	02/13/2008
Decision Date:	08/10/2015	UR Denial Date:	06/05/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 43 year old male, who sustained an industrial injury on 2/13/08. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, MRI and home exercise program. Currently, the injured worker complains of severe intractable neck pain accompanied with a constant, sharp and shooting sensation to his upper extremities (right greater than left) and is rated 6-7/10. The pain is interfering with the injured worker's ability to engage in activities of daily living. The injured worker is diagnosed with cervical degenerative disc disease C3-C4 and C5-C6, cervical disc bulge, cervical radiculopathy (bilaterally), lumbar sprain/strain and neck pain with dizziness, vertigo and cervicogenic headache. His work status is modified work duties. The MRI reveals degenerative disc disease and disc bulging in the cervical spine. A note dated 6/3/15 reveals moderate to severe tenderness in the cervical spine and muscle spasms. The following intervention, cervical epidural steroid injection at C5-C6 under fluoroscopy is requested to alleviate the injured worker symptoms.

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 C5-6 under Fluoroscopy guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical epidural steroid injection at C5 - C6 under fluoroscopy are not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical spine sprain/strain with upper extremity symptoms left greater than right; lumbar spine sprain/strain bilateral lower extremity symptoms stable. The date of injury is February 13, 2008. Request for authorization is dated May 29, 2015. The documentation shows the injured worker had an MRI of cervical spine in 2009 and an updated MRI cervical spine that did not show foraminal stenosis. There were disk bulges present. Subjectively, according to a May 20, 2015 progress note, the injured worker complained of neck pain that radiated to the upper extremities with headache. Objectively, there was tenderness palpation in the cervical paraspinal muscle groups with decreased range of motion with sensory diminish on the lateral aspect of the left forearm at C6. There is no significant clinical evidence of radiculopathy on physical examination. Imaging studies does not show foraminal stenosis, but does show mild disc bulges. There is no documentation of prior cervical epidural steroid injections. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, absent significant clinical evidence of radiculopathy and confirmatory imaging, cervical epidural steroid injection at C5 - C6 under fluoroscopy is not medically necessary.