

Case Number:	CM15-0162821		
Date Assigned:	08/31/2015	Date of Injury:	09/15/2010
Decision Date:	12/18/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/19/2015

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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old female who sustained an industrial injury on 9-15-10. The assessment is noted as chronic pain syndrome, degenerative joint disease of shoulder region (osteoarthritis), degeneration of cervical intervertebral disc and lumbar post-laminectomy syndrome- lumbar region. Previous treatment includes physical therapy, acupuncture and medications. In a progress note dated 6-23-15, the physician reports her neck is her chief complaint. Neck pain radiates to bilateral upper extremities with associated weakness and numbness. It is reported she is "feeling worse (due to lowered meds)" and that pain level with medications is 6 out of 10 and pain level without medications is 9 out of 10. The physician notes Galisepid is the only medication she gets approved and she takes left over muscle relaxant and is stretching out her Dilaudid. Medications allow her to fold a small amount of laundry and to cook. She started physical therapy and acupuncture. Exam of the cervical spine reveals pain elicited by motion, tenderness of the paracervicals, the trapezius and the rhomboid on the left and right. Neurological system exam dated 4-21-15 reveals C6 decreased sensation of the radial forearm, thumb and index finger, C7 decreased sensation of the middle finger, C8 decreased sensation of the 4th and 5th digits, ulnar, hand and distal forearm. It is noted she has ongoing neck pain and surgical treatment has not been recommended, a cervical epidural steroid injection will be requested in the meantime and she is to continue current medication. The requested treatment of C6-C7 epidural steroid injection was non-certified on 7-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to MTUS, epidural steroid injections are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... based on the following criteria: 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." From my review of the records the IW has both subjective exam evidence and physical exam evidence of radiculopathy that has not improved with conservative therapy and would benefit from an epidural injection. MRI was not included in the review for the cervical spine so I cannot assess if the imaging study corroborate the radicular findings at that level. Lack of this study however in light of symptoms and physical exam findings does not prove that the ESI is NOT medically necessary. Consequently, the requested epidural steroid injection is medically necessary.