

Case Number:	CM15-0166911		
Date Assigned:	09/04/2015	Date of Injury:	10/11/2013
Decision Date:	12/04/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on 10-11-2013. The injured worker was diagnosed as having chronic pain syndrome, cervical spine pain and cervical strain. On medical records dated 07-10-2015 and 08-07-2015 the subjective complaints were noted as worsening neck pain. Pain was rated an 8 out of 10 without pain medication and 4 out of 10 pain medication. Objective findings were noted as cervical spine sensation was intact, tenderness over the cervical paraspinal, and facet joints and cervical spine range of motion was reduced in all planes. Treatments to date included medication, home exercise program, heat and ice, H wave, and back brace. No prior cervical injections were noted. Electrodiagnostic study on 06-08-2015 revealed an abnormal study with bilateral C6 radiculitis. Per documentation a MRI of the cervical spine on 06-09-2014 revealed C6 - C7 degenerative change and a small broad left eccentric disc bulge-osteophyte, mildly indenting the thecal sac. (Report not present). Current medications were listed as Omeprazole, Naproxen Sodium, Gabapentin, Flexeril Tramadol HCL and Hydrocodone Acetaminophen. The Utilization Review (UR) was dated 08- 17-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Interlaminar C6-7 CESI (cervical epidural steroid injection) with conscious sedation and fluoroscopic guidance was Interlaminar C6-7 CESI (cervical epidural steroid injection) with conscious sedation and fluoroscopic guidance non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar C6-7 CESI (cervical epidural steroid injection) with conscious sedation and fluoroscopic guidance: Upheld

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: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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. Per progress report dated 9/30/15, upper extremity strength exam was 5-/5 in all muscle groups bilaterally. Upper extremity DTRs were 2+ and symmetric. Sensation was intact in the upper extremities. MRI of the cervical spine revealed at C6-C7 degenerative change and small broad left eccentric disc bulge/osteophyte, mildly indenting the thecal sac. There is mild to moderate narrowing of the neural foramina. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As there is no clinical evidence of radiculopathy, the request is not medically necessary.