

Case Number:	CM15-0170211		
Date Assigned:	09/10/2015	Date of Injury:	11/17/2011
Decision Date:	10/15/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/28/2015

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 55 year old male, who sustained an industrial injury on 11-17-2011. The mechanism of injury was a fall. The injured worker was diagnosed as status post anterior cervical discectomy and fusion of cervical 3-4 in 2011, cervical 4-5 degenerative disc disease, chronic cervical 5 radiculopathy and cervical myelopathy. A recent progress report dated 7-1-2015, reported the injured worker complained of pain down the right arm to the thumb, rated 8 out of 10 without medications and 4 out of 10 with medications. Physical examination revealed restricted, painful range of motion of the cervical spine and pain with movement. Cervical x rays, on 6-10-2015, showed prior fusion and degenerative changes at cervical 4-5. Treatment to date has included surgery, postoperative physical therapy and medication management. The physician is requesting Epidural steroid injections cervical 5-6, possible cervical 6-7 (if this level is obscured from previous surgery, we will use C6-C7). On 8-3-2015, the Utilization Review non-certified the request for Epidural steroid injections C5-C6, possible C6-C7 (if this level is obscured from previous surgery, we will use C6-C7), citing MTUS Chronic pain treatment guidelines. There was a lack of documentation of failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injections C5-C6, possible C6-C7 (if this level is obscured from previous surgery, we will use C6-C7): 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 the therapeutic phase. We recommend no more than 2 ESI injections. Per the medical records submitted for review, it was noted that the injured worker had sensory changes in the C5 nerve distribution. Motor strength was 5/5 in all muscle groups. The brachioradialis and biceps reflexes were very brisk bilaterally. MRI of the cervical spine dated 5/26/15 revealed at C5-C6 a 3mm disc bulge with midline anterior indentation of the dura. There appeared to be moderate right and severe left neural foraminal narrowing. It was unclear however, whether these findings were artificially related to either the surgery or to the small height of the neural foramen compared to the relatively large slice thickness. At C6-C7 there was a 2-3mm disc bulge with mild midline indentation of the dura. There appeared to be moderate bilateral neural foraminal narrowing. 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 the first criteria is not met, the request is not medically necessary.