

Case Number:	CM15-0173036		
Date Assigned:	09/15/2015	Date of Injury:	10/16/2013
Decision Date:	10/14/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/02/2015

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: North Carolina
 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 50 year old male, who sustained an industrial injury on October 16, 2013, incurring neck, left upper extremity and spine injuries. He was diagnosed with cervical disc disease and cervical radiculopathy. Treatment included cervical Magnetic Resonance Imaging revealing cervical disc derangement, physical therapy, chiropractic sessions, water therapy, acupuncture, pain medications, anti-inflammatory drugs, antidepressants, neuropathic medications, sleep aides, cervical epidural steroid injection and activity restrictions. He noted improved relief of pain from the cervical epidural steroid injection. The injured worker reported greater than 60% relief from the epidural steroid injection. Currently, the injured worker complained of persistent neck and shoulder pain. The increased pain interfered with his normal activities of daily living, grooming, dressing, standing for long periods of time, sitting, carrying, lifting and exercising. The treatment plan that was requested for authorization on September 2, 2015, included a cervical epidural steroid injection. On August 20, 2015, utilization review denied the request for a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection with catheter C5-6 #5: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: 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. The patient has the documentation of previous ESI with 60% relief of pain but not lasting 6-8 weeks with decrease in medication usage. Therefore, the request is not medically necessary.