

Case Number:	CM15-0175694		
Date Assigned:	09/17/2015	Date of Injury:	11/01/2013
Decision Date:	10/21/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, California

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:

This is a 60 year old female patient, who sustained an industrial injury on 11-01-2013. The diagnoses include cervical sprain-strain, cervical radiculitis, cervical radiculopathy, cervical stenosis, and status post cervical spine discectomy-fusion. Per the doctor's note dated 6-04-2015, she had complains of improved neck pain status post cervical fusion, but continued interscapular neck pain with radiation to the posterior triceps and last two digits of the bilateral hands, left greater than right. A physical examination was not noted on 6-04-2015 neurosurgical progress report. Per the doctor's note dated 8-25-2015, she had complaints of pain in her neck, with radiation into the left superomedial scapular region. Per the doctor's note dated 7-28-2015, she had complaints of pain in her neck, with radiation into the left tricep and left superomedial scapular region. The physical examination revealed diffuse tenderness in the left cervical region and left superomedial scapular region, Cervical range of motion slow with pain at end ranges; 2+ Upper extremity deep tendon reflexes and motor testing-diminished left shoulder strength in the flexion-abduction planes when compared to the right. The current medications list is not specified in the records provided. She has had X-rays of the cervical spine which revealed status post C5-6 cervical fusion and degeneration at C6-7 and C7-T1; X-ray of the cervical spine dated 5-20-2015 which showed anterior fusion of C5 and C6, as well as C6 and C7, and nobody spacers were seen at C5-6 and C6-7, no anterolisthesis or retrolisthesis of the cervical vertebra, no hardware fractures, and normal disc heights and bone mineralization; cervical MRI dated 6/25/14 which revealed post operative changes at C6-7, at C7-T1 disc protrusion with mild spinal stenosis and mild right and severe left neural foraminal stenosis, at C5-6 disc protrusion with spinal stenosis. Per the PR2 dated 9/17/2014, she has had cervical epidural steroid

injections on 12/19/2013 without relief. She has undergone cervical spinal surgeries, most recently on 2-4-2015 (C5-6 fusion). Work status remained total temporary disability. The treatment plan included left C7-T1 epidural steroid injection, per 6-04-2015 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C7-T1 epidural steroid injection #1: 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: Left C7-T1 epidural steroid injection #1. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline, criteria for ESI are "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). 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." Evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing is not specified in the records provided. Per the records provided, she has had cervical epidural steroid injections on 12/19/2013 without relief. Evidence of documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks and increased objective functional improvement with previous cervical epidural steroid injection is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Left C7-T1 epidural steroid injection #1 is not fully established for this patient. The request is not medically necessary.