

Case Number:	CM15-0176029		
Date Assigned:	09/17/2015	Date of Injury:	01/26/2015
Decision Date:	10/19/2015	UR Denial Date:	08/21/2015
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: 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 male who sustained an industrial twisting injury on 1-26-15 involving his back and upper neck. Diagnosis was cervical strain. He currently (8-4-15) has pain with stiffness of the upper neck radiating into the shoulders but no lumbar complaints. On physical exam of the cervical spine there was tenderness on palpation, muscle spasm, decreased sensation, tingling and numbness; lumbar spine exam revealed muscle tenderness and palpable muscle spasms. Diagnostics include MRI of the cervical spine (5-24-15) showing cervical spasm. Treatments to date include medications: Ultram, naproxen; physical therapy with moderate effectiveness. In the 8-18-15 progress note the treating provider's plan of care included requests for cervical epidural steroid injection at C6-7 and C7-T1 as the injured worker has decreased pain to touch sensation and based on this there "appears that a compression is somewhere and has been seen on dermatome"; follow up visits. The request for authorization dated 8-14-15 indicates epidural steroid injection at C6-7 and C7-T1; 2 follow up visits to evaluate epidural steroid injection. On 8-21-15 utilization review evaluated and modified the request for 2 follow up visits to 1 follow up visit; evaluated and non-certified the request for epidural steroid injection to C6-7 and C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at C6-C7 and C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: 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 back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary.

2 follow up visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical reevaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG, states follow up medical visits are based on medical necessity and the patient's progress, symptoms and ongoing complaints. In this case, the patient is being treated for continued neck pain that persists despite therapy and a follow up is medically necessary.