

Case Number:	CM15-0176108		
Date Assigned:	09/17/2015	Date of Injury:	07/26/2008
Decision Date:	10/20/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 female, who sustained an industrial-work injury on 7-26-08. A review of the medical records indicates that the injured worker is undergoing treatment for neck pain, cervical spinal stenosis and depression. Medical records dated (2-13-15 to 3-20-15) indicate that the injured worker complains of neck pain with pins and needles into the upper extremities, left greater than the right. She complains of radiating pain and tingling down the bilateral upper extremity to the fingertips, left worse than right. She complains of stiffness and weakness in the right hand and increased pain with range of motion. The pain is rated 9 out of 10 on pain scale. The medical record dated 3-20-15 documents that she has been worse since the last visit. The medical record dated 5-15-15 the injured worker complains of constant neck pain that is burning and stabbing and rates it 9 out of 10 on pain scale. There is pins and needles and numbness in the bilateral upper extremities, right greater than the left. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 5-15-15 the injured worker is permanent and stationary. The physical exam dated 5-15-15 reveals that the injured worker walks in a forward flexed position. There is tenderness of the cervical spine with spasms noted. There is significant limited range of motion of the cervical spine. There is decreased sensation to the right C6 and C7 dermatomes. There is also decreased sensation to the left C5, C6, C7 and C8 dermatomes. Treatment to date has included pain medication including Norco and Norflex, chiropractic 5 sessions with no relief, acupuncture 3 sessions with no relief and discontinued due to increased pain, pain psychologist, soft collar brace, cervical epidural steroid injection (ESI) C5-6 and C6-7 on 3-14-12, home exercise program (HEP) and other

modalities. Magnetic resonance imaging (MRI) cervical spine dated 7-8-15 reveals cervical degenerative disc disease (DDD) and facet arthropathy, canal stenosis C2-3, C3-4, C4-5, C5-6, and C6-7 with contact and distortion of the cervical cord at multiple levels most pronounced C5-6. There is neural foraminal narrowing C3-4 and C5-6 right. EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 1-15-15 of the bilateral upper extremities and test findings were normal. The request for authorization date was 8-17-15 and requested service included Interlaminar Cervical Epidural Steroid Injection at the levels of C5-C6 and C6-C7. The original Utilization review dated 8-24-15 non-certified the request as current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The guidelines recommend no more than 2 epidural steroid injection (ESI) and not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Cervical Epidural Steroid Injection at the levels of C5-C6 and C6-C7: Overturned

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: The claimant sustained a work injury in July 2008 and continues to be treated for radiating neck and radiating low back pain. A cervical epidural injection on 03/14/12 is referenced as providing at least 75% pain relief lasting for four months. An MRI of the cervical spine in July 2015 included findings of multilevel moderate to severe canal stenosis with right lateralized findings at multiple levels. When seen, she was having radiating upper extremity pain rated at 9/10. Physical examination findings included decreased cervical spine range of motion and decreased bilateral upper extremity strength and right upper extremity sensation. Authorization for a repeat epidural injection is being requested. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, the claimant had at least 75% pain relief lasting for four months and has severe pain with physical examination findings of radiculopathy. There are findings by recent imaging that correlate with her symptoms and the reported physical examination findings. The requested epidural injection is within applicable guidelines and medically necessary.