

Case Number:	CM15-0177254		
Date Assigned:	09/18/2015	Date of Injury:	04/07/2014
Decision Date:	11/25/2015	UR Denial Date:	08/19/2015
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: 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:

This is a 38-year-old female with a date of industrial injury 4-7-2014. The medical records indicated the injured worker (IW) was treated for myalgia and myositis, unspecified; cervical spondylosis without myelopathy; cervical disc displacement or herniation; degeneration of cervical intervertebral disc; cervical spine pain; cervical radiculitis or root compression; neuralgia, neuritis and radiculitis, unspecified; and neck sprain. In the progress notes (6-29-15 and 7-27-15), the IW reported pain and discomfort in the neck and low back and tingling in her hands when sitting too long. Ibuprofen was no longer helping fully. Her other medications kept pain at a tolerable level, but she could not take them when driving. Her cervical epidural steroid injection at C5-6 on 6-18-15 provided 70% pain relief, but only helped for about four weeks; she rated her neck pain 4 out of 10 on 6-29-15. Medications listed were Norco, Soma and Cymbalta. On examination (7-27-15 notes), there was tenderness in the cervical spine at C3 through C7. There was pain with cervical ranges of motion. Upper extremity strength was 5 out of 5 and there were no sensory deficits. Reflexes were 2+ in the bilateral upper extremities. Treatments included injections, physical therapy and medications. MRI of the cervical spine on 6-4-14 showed a 3 to 4 mm broad-based disc osteophyte at the C5-C6 level with borderline cord impingement, according to the provider's notes (6-29-15). A Request for Authorization was received for outpatient cervical epidural injection. The Utilization Review on 8-19-15 non-certified the request for outpatient cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Cervical Epidural Injection: 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 therapeutic phase. We recommend no more than 2 ESI injections. Per progress report dated 7/27/15, physical exam revealed motor strength 5/5 in the bilateral upper extremities, intact sensation bilaterally, and 2+ reflexes bilaterally. 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.