MAXIMUS Federal Services

Case Number:	CM15-0178561		
Date Assigned:	09/18/2015	Date of Injury:	03/29/2011
Decision Date:	10/29/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/10/2015

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 50 year old female with a date of injury on 3-29-2011. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc disease, cervical facet syndrome, bilateral medial epicondylitis and bilateral carpal tunnel syndrome. Medical records (2-13-2015 to 6-25-2015) indicate ongoing neck pain radiating to her shoulder blades. The injured worker also complained of headaches. Per the progress report dated 2-13-2015, the injured worker complained of increased pain with motion, with shooting type pain into the bilateral upper extremities. According to the progress report dated 6-25-2015, the injured worker complained of neck pain rated nine to ten out of ten. Her neck symptoms were unchanged. She reported that her medication was somewhat helpful. Per the treating physician (2-13-2015), the work status was full duty. The physical exam (6-25-2015) revealed mild to moderate tenderness to palpation and spasm over the cervical paraspinous spine extending to both trapezius muscles with trigger points. Axial head compression and Spurling sign were positive. There was decreased sensation along the right C5 and bilateral C6 dermatomes. Treatment has included a home exercise program and medications. Current medications (6-25-2015) included Norco, Flexeril and Ibuprofen. Per the 5-28-2015 progress report, the injured worker underwent magnetic resonance imaging (MRI) on 4-13-2015, which showed a 2mm midline disc protrusion resulting in flattening of the thecal sac with mild degree of central canal narrowing. There was a 3mm right foraminal disc protrusion resulting in abutment of the exiting right cervical nerve roots with narrowing of the right neural foramen. At C5-C6, there was a 2mm midline disc protrusion resulting in flattening of the thecal sac with mild degree of central narrowing. The original Utilization Review (UR) (8-10-2015) denied a request for right C4-C5 and bilateral C5-C6 transfacet epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-C5 and bilateral C5-C6 transfacet epidural steroid injection: 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: 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 6/25/15 it was noted that there was decreased sensation along the right C5 and bilateral C6 dermatomes. Muscle testing was 4/5 in the right shoulder abductors, and bilateral elbow flexors; 5/5 in all other muscles. Reflexes were normal bilaterally. MRI of the cervical spine dated 4/13/15 revealed at C4-C5 a 2mm midline disc protrusion resulting in flattening of the thecal sac with mild decree of central canal narrowing. There is a 3mm right foraminal disc protrusion resulting in abutment of the exiting right cervical nerve roots with narrowing of the right neural foramen. At C5-C6, there is a 2mm midline disc protrusion resulting in flattening of the thecal sac with mild degree of central narrowing. I respectfully disagree with the UR physician's assertion that the medical records did not contain clinical and physical exam findings of radiculopathy. The request is medically necessary.