

Case Number:	CM15-0066689		
Date Assigned:	04/14/2015	Date of Injury:	06/27/2008
Decision Date:	05/19/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/08/2015

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: California

Certification(s)/Specialty: Internal Medicine

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 injury on 6/27/08. She reported neck, right arm and low back pain. The injured worker was diagnosed as having cervical disc displacement without myelopathy, cervical spondylosis without myelopathy, spasm of muscle, post laminectomy syndrome of cervical region, osteoarthritis, pain in shoulder joint, lumbosacral spondylosis without myelopathy, cervical disc degeneration, cervicgia, pain in limb, sleep disturbance and long term use of medications. Treatment to date has included oral medications including opioids, trigger point injections, shoulder surgery and cervical fusion. Currently, the injured worker complains of aching and stabbing of neck, right upper extremity and low back. The injured worker states her pain is partially relieved with analgesic medications and various injections. Physical exam noted tenderness on palpation of cervical paraspinal, suprascapular, upper extremity and rhomboid regions with spasms. The treatment plan included requests for trigger point injections and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 02/23/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181-183, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injection (ESI). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESI) are an option for radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology recently concluded that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. The pain medicine progress reports dated 2/13/15 and 3/13/15 did not document objective documented pain and functional improvement with past epidural steroid injections. The pain medicine progress reports dated 2/13/15 and 3/13/15 did not document imaging studies or electrodiagnostic testing results. MTUS criteria for the use of epidural steroid injections require that radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Therefore, the request for epidural steroid injection is not supported by MTUS guidelines. Therefore, the request for C7-T1 epidural steroid injections is not medically necessary.