

Case Number:	CM15-0096366		
Date Assigned:	05/26/2015	Date of Injury:	01/07/2013
Decision Date:	06/25/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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, Indiana, New York
 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 48-year-old male, who sustained an industrial injury on 1/07/2013. He reported developing pain at the base and left side of the neck after lifting/loading activity. Diagnoses include cervical strain, cervical degenerative disc disease, cervical radiculopathy with bilateral foraminal stenosis and cervical facet osteoarthritis. There was a history of a cervical fusion in 1999. Treatments to date include physical therapy, occupational therapy, and NSAID. Currently, he complained of re-occurrence of neck pain and arm pain. Pain was rated 6/10 VAS with numbness, tingling and pain that radiates to the ulnar aspect of the hand. On 4/16/15, the physical examination documented tenderness and tightness to the right shoulder, scapula and bilateral shoulder blade regions. There was 30% restriction to range of motion noted. The plan of care included a cervical epidural steroid injection to C6-7 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection to the C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical epidural steroid injection at C6-C7 is not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence, given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electro diagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. In this case, the injured worker's working diagnoses are status post C5- C6 fusion; cervical degenerative disc disease, worst at C6-C7; cervical radiculopathy with bilateral foraminal stenosis, worse at C6-C7; and cervical facet arthritis. Subjectively, according to an April 16, 2015 progress note, the injured worker had 6/10 aching, cramping pain in the posterior neck with numbness and tingling. There were sharp shooting sensations down the posterior medial aspect of the arm to the ulnar aspect of the hand. Objectively, there is hypoesthesia at the ulnar aspect of the arm to the fourth and fifth fingers. The remainder of the neurologic examination was unremarkable. Motor examination was 5/5 and there was no triceps reflex bilaterally. There is no objective evidence of radiculopathy on physical examination. There were no significant MRI findings present to corroborate the presence of a cervical radiculopathy. There were no electro diagnostic studies present. Cervical epidural steroid injections are not recommended based on recent evidence, given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Consequently, absent clinical documentation with objective evidence of radiculopathy and MRIs/electro diagnostic studies to corroborate radiculopathy, cervical epidural steroid injection at C6-C7 is not medically necessary.