MAXIMUS Federal Services

Case Number:	CM15-0096787		
Date Assigned:	05/27/2015	Date of Injury:	01/25/1999
Decision Date:	07/10/2015	UR Denial Date:	04/24/2015
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: Arizona, California
Certification(s)/Specialty: Family Practice

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 01/25/1999. The injured worker is currently not working. The injured worker is currently diagnosed as having chronic pain, cervical disc degeneration, disc displacement of the cervical spine, cervical radiculitis, lumbar radiculitis, right shoulder pain, erectile dysfunction, gastroesophageal reflux disease, non-steroidal anti-inflammatory drug intolerance, gastritis with non-steroidal anti-inflammatory drugs, and status post right shoulder surgery. Treatment and diagnostics to date has included cervical spine MRI which showed bulging discs, lumbar spine MRI which showed a diffuse disc bulge and foraminal stenosis, shoulder surgery, cervical epidural steroid injection which was not as effective as previous epidural, home exercise program, and medications. In a progress note dated 01/13/2015, the injured worker presented with complaints of neck pain, low back pain, ongoing occipital headaches, and neck pain that radiates to bilateral hands. Objective findings include cervical and lumbar spasms and tenderness. The treating physician reported requesting authorization for cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at bilateral C4-6 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. 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 researches does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant had a prior cervical ESI without significant benefit. The MRI of the cervical spine sis not note cord compression. ESI provide short-term benefit and are not recommended by the ACOEM guidelines. The request for a Cervical ESI is not medically necessary.