

Case Number:	CM13-0007098		
Date Assigned:	01/22/2014	Date of Injury:	05/31/2005
Decision Date:	03/25/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Acupuncture & Pain Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62 year old female injured worker with date of injury 5/31/05. She is diagnosed with lumbar radiculopathy; lumbar disc degeneration; lumbar facet arthropathy; cervical radiculopathy; bilateral carpal tunnel syndrome; and right shoulder pain. She is status post bilateral carpal tunnel release, and status post right shoulder surgery x2. MRI on 3/6/12 showed extensive degenerative changes C4 through T1 with extensive anterior osteophyte formation. A 2.4 mm posterior central disc protrusion without other abnormality was noted. At C6-7, a 2 mm posterior central disc protrusion without other abnormality was seen. The injured worker was treated with aquatic physical therapy, medications, and injections. The date of UR decision was 7/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Cervical Epidural Steroid Injection using Fluoroscopy at the C5-C7 level:

Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: According to the MTUS Guidelines, 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. 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. According to a 7/31/13 report, decreased sensation was noted along the C5-C7 dermatome. According to a 5/10/13 report the injured worker demonstrated a moderate decrease in motor strength in the right upper extremity and left upper extremity. Motor strength was decreased in the muscles of the C5-C7 distribution. MRI on 3/6/12 showed extensive degenerative changes C4 through T1 with extensive anterior osteophyte formation. At C5-6, extensive anterior osteophyte formation was seen. A 2.4 mm posterior central disc protrusion without other abnormality was noted. At C6-7, a 2 mm posterior central disc protrusion without other abnormality was seen. I respectfully disagree with the UR physician when they stated "The 5/10/13 exam findings and the MRI findings do not corroborate a diagnosis of radiculopathy or radiculitis". The request is medically necessary.