

Case Number:	CM13-0039966		
Date Assigned:	12/20/2013	Date of Injury:	08/06/2010
Decision Date:	10/15/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/07/2013

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. The expert reviewer is Board Certified in Occupational 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 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/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:

The claimant was injured on 08/06/10. A cervical epidural steroid injection is under review. She was reportedly injured doing cumulative or continuous trauma with repetitive job activities. Her diagnoses are C5-6 disc osteophyte complex and neuroforaminal stenosis. She also had disc degeneration and radiculitis. An MRI of the cervical spine on 06/02/12 noted a C4-5 disc bulge, posterior vertebral endplate spurs with moderate bilateral neural foraminal stenosis and no central canal stenosis. At C5-6 there were posterior vertebral spurs, a disc bulge with moderate bilateral neural foraminal stenosis, and minimal central canal stenosis. An interlaminar epidural steroid injection at C7-T1 under fluoroscopy has been recommended. On 06/21/13, epidural steroid injection was recommended for radiculitis involving both upper extremities. She was to continue physical therapy. She reported neck pain radiating down the arm and pain at the wrist on 08/08/13. Spurling's was positive on the left side for numbness into the first, second, and third digit of the hand and pain into the full arm radiating down the posterior arm. Sensation was intact. On 09/25/13, she complained of neck pain and upper extremity numbness, tingling, and pain. She had tight discomfort in the neck with persistent daily numbness in the first 3 digits of the left and right hands. She had mild improvement with Lyrica. She denied upper extremity weakness. There were myofascial spasms. There was mildly weak grip strength bilaterally. She had decreased light touch and pinprick sensation of the palmar aspect of both hands. She found acupuncture to be beneficial. She is also status post surgery on the left lateral epicondyle for debridement in February 2013. She had neurodiagnostic testing of the upper extremities on 03/11/13 with no evidence of nerve compression. She has also been diagnosed with adhesive capsulitis of the right shoulder and bilateral carpal tunnel syndrome. On 11/06/13, she stated she was doing her home exercises regularly as possible. Upper extremity strength testing showed 4+/5 grip bilaterally. She had diminished biceps tendon reflexes at 2/4. From a diagnostic and

potentially therapeutic standpoint, she was considered a candidate for a cervical C7-T1 interlaminar epidural steroid injection and with proper volume during the injection, the medication would reach the C4-5 level. She had had limited spinal rehabilitation and additional physical therapy was recommended for treatment and establishment of a home exercise program. She underwent surgery for DeQuervain's disease on the left side on 04/21/14. She had an EMG/NCV that was reported to be negative. An MRI showed a small TFCC central tear and some mild tendinitis. She had significant pain in the first dorsal compartment, dorsum of the wrist and throughout the wrist. She has attended physical therapy for her cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 interlaminar epidural injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for a C7-T1 interlaminar epidural injection under fluoroscopy. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). There is no clear objective evidence of radiculopathy at the level to be injected and it is not clear why an injection at level C7-T1 has been recommended. At the time that it was recommended, the office note indicates that the claimant had not completed a course of conservative care for her cervical spine and PT was ordered. The MRI did not reveal nerve root compression at any levels, including C7-T1 and the EMG was reported to be negative. There is no indication that the claimant failed all other reasonable conservative care, including PT, or that this ESI was offered in an attempt to avoid surgery. The medical necessity of this request has not been clearly demonstrated.