

Case Number:	CM13-0061092		
Date Assigned:	05/07/2014	Date of Injury:	03/16/2006
Decision Date:	07/09/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	12/04/2013

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 Internal 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:

Patient is an injured worker with cervical radiculopathy with a date of injury of March 16, 2006. Progress report December 3, 2013 was provided by [REDACTED]. History of Present Illness: He is still having the same issues with the neck pain, uncomfortable sensation radiates to the left>right intra scapular region. He continues to have pain, weakness, numbness and tingling in the left hand, it feels swollen. Range of motion of the neck is still improved post radiofrequency. Hard to grip with the left hand and even use it to drive. Musculoskeletal Exam: Cervical Appearance: within normal limits. Cervical Palpation: tender, bilateral, upper trapezius. Cervical Range of Motion: able to extend/ rotate with minimal to no discomfort. Upper Extremities: Range of Motion: Within normal limits Motor: left grip and deltoid are 4/5, o/w, 5/5 Sensory: Decreased sensation in left C6 and C7 dist. Diagnosis: Cervical degenerative disc disease with radiculopathy. PR2 progress report 10-21-2013 reported left hand and arm pain. PR2 progress report September 23, 2013 reported left hand and arm numbness, increased left arm and hand symptoms beginning in August. Physical examination documented decreased motor left deltoid, left biceps, grip strength 3+-4/5, cervical left radiculopathy. Medications were Soma, Norco, Ibuprofen, Cymbalta. Request for authorization for cervical MRI scan dated September 25, 2013 reported "cervical DDD, new onset radicular pain. MRI cervical spine October 08,2013 report was provided. Clinical indication was left hand numbness shoulder pain. Findings: Mild disc height loss is seen at C5-C6. C5-C6: There is 4 mm central inferior disc extrusion and uncovertebral spur formation. Findings result in mild right neural foraminal stenosis. The left neural foramen is patent. C6-C7: There is a 2 mm disc protrusion and uncovertebral spur formation. There is mild spinal canal stenosis. The neural foramen are patent. Impression: There is 4 mm central inferior disc extrusion at C5-C6. There is 2 mm disc protrusion at C6-C7. Electromyography report November 20, 2013 reported normal examination of the left upper

extremity. There was no evidence of a cervical radiculopathy nor of a focal neuropathy affecting the left arm. It is noted that he had previous normal electrodiagnostic studies of the left upper extremity on May 20, 2008. Utilization review October 23, 2013 recommended non-certification of cervical epidural steroid injection (ESI) at the C5-6 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CERVICAL EPIDURAL STEROID INJECTION AT THE C5-6 LEVEL:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines discusses epidural steroid injections. Epidural steroid injections (ESIs) Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The purpose of ESI (epidural steroid injection) 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. The criteria for the use of Epidural steroid injections: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs (non-steroidal anti-inflammatory drugs) and muscle relaxants). PR2 progress report September 23, 2013 reported left hand and arm numbness, increased left arm and hand symptoms beginning in August. Physical examination documented decreased motor left deltoid, left biceps, grip strength 3+-4/5, cervical left radiculopathy. Medications were Soma, Norco, Ibuprofen, Cymbalta. Request for authorization for cervical MRI scan dated September 25, 2013 reported "cervical DDD (degenerative disc disease), new onset radicular pain. MRI cervical spine 10-08-2013 reported abnormalities. Electromyography report November 20, 2013 reported normal examination of the left upper extremity, with no evidence of a cervical radiculopathy nor of a focal neuropathy affecting the left arm. There is no documentation of conservative treatments such as exercises and physical methods. There is no documentation of rehab efforts such as a home exercise program. The Chronic Pain Medical Treatment Guidelines requires a previous trial of physical methods, and documented unresponsiveness with physical methods. Physical methods such as physical therapy are required

by the Chronic Pain Medical Treatment Guidelines criteria for the use of epidural steroid injections. The Chronic Pain Medical Treatment Guidelines states that: "There is little information on improved function. This treatment alone offers no significant long-term functional benefit. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The request for outpatient cervical epidural steroid injection at the C5-6 level is not medically necessary or appropriate.