

Case Number:	CM13-0063043		
Date Assigned:	03/03/2014	Date of Injury:	03/03/2009
Decision Date:	10/06/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/09/2013

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 53 year old female employee with date of injury of 3/2/2009. A review of the medical records indicates that the patient is undergoing treatment for cervical disc degeneration, brachial neuritis not otherwise specified (NOS), osteoarthritis localized primary involving shoulder region. She is status post right shoulder arthroscopic debridement decompression and distal clavicle excision (9/6/11), cervical spinal stenosis and radiculopathy. Subjective complaints include neck and shoulder pain; constant neck pain rated at 9/10; pain and numbness on left side; increased pinching pain in the neck radiating down back; migraine headaches; her transcutaneous electrical nerve stimulation (TENS) unit was allowing her to sleep better but she was asked to return it. Left shoulder pain rated at 7/10. Objective findings include C-spine exam: flexion 3cm, extension 90% normal, right bending 90% normal, left bending 100% normal, right/left rotation 90% normal. Exam on reported significant tenderness to palpation at C4-5, C5-6 without appreciable palpable paraspinal muscle spasm, but right greater than left upper trapezius tenderness. There is tenderness at the interscale region bilaterally C4-C6. Right upper reflexes are now absent; left upper 1+ diminished and 1+ bilateral lower reflex are diminished. Treatment has included medical branch block for cervical spine, medications and physical therapy, H-Wave and trigger point injections (6/21/2013), all of which have been unsuccessful. Patient received neck brace on 8/5/2013. Medications have included Orphenadrine Citrate; Ambien PRN, Flexeril 2-3/wk., Norco 2-3/wk.; Vicodin. The utilization review dated 12/2/2013 non-certified the request for cervical facet injection, bilateral C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Injection, Bilateral C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG) Pain, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "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 were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 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 research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient demonstrates no radiating pain or paresthesias in the upper extremities and there is no documentation of dermal pain in the upper extremities. The medical documents provided did not document a positive Spurling test and upper extremity motor, sensory and reflex physical examinations were all normal. Concerning medical imaging, there is no evidence of cervical nerve root compression on MRI. The medical documents provided do not provide evidence of cervical radiculopathy. As such, the request for cervical epidural injection is not medically necessary.