

Case Number:	CM14-0015618		
Date Assigned:	02/21/2014	Date of Injury:	11/10/2009
Decision Date:	07/28/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/07/2014

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 Orthopedic Surgery 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 patient is a 48-year-old female who has submitted a claim for sympathetically mediated pain syndrome, C5-C5 and C6-C7 disc protrusions, and bilateral upper extremity pain secondary to sympathetically medicated pain syndrome, as well as cervical radicular syndrome; associated with an industrial injury date of 11/10/2009. The medical records from 2013 to 2014 were reviewed and showed that the patient complained of right arm pain radiating to the hand, and left arm pain radiating to the elbow. She also has hypersensitivity and numbness in both upper extremities. Physical examination showed tenderness over the cervical spine. Motor examination was normal. Hypersensitivity and allodynia to light touch were noted in the bilateral hands. An MRI of the cervical spine, dated 05/05/2010, showed multilevel degenerative loss of disc space signal, minor disc bulges without anterior cord contact or effacement, and no demonstration of disc herniation or spinal stenosis. Treatment to date has included medications, physical therapy, trigger point injections, Botox injections, shoulder cortisone injections, plexus blocks, stellate ganglion blocks, spinal cord stimulator, and shoulder arthroscopy with subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection, C5-C6, under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 49.

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

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient complains of bilateral upper extremity pain accompanied by radicular symptoms despite extensive conservative treatment and surgery. Physical examination showed hypersensitivity and allodynia in the bilateral hands; however, no findings of radiculopathy were documented. Moreover, an MRI of the cervical spine, dated 05/05/2010, did not show foraminal compromise or neural compression. Lastly, the present request as submitted failed to specify the laterality of the injection. The criteria for ESI have not been met. Therefore, the request for cervical epidural injection, C5-C6, under fluoroscopic guidance, is not medically necessary.

Cervical epidural injection under fluoroscopic guidance, C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 49.

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

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient complains of bilateral upper extremity pain accompanied by radicular symptoms despite extensive conservative treatment and surgery. Physical examination showed hypersensitivity and allodynia in the bilateral hands; however, no findings of radiculopathy were documented. Moreover, an MRI of the cervical spine, dated 05/05/2010, did not show foraminal compromise or neural compression. Lastly, the present request as submitted failed to specify the laterality of the injection. The criteria for ESI have not been met. Therefore, the request for cervical epidural injection under fluoroscopic guidance, C6-C7, is not medically necessary.

