

Case Number:	CM14-0111425		
Date Assigned:	08/01/2014	Date of Injury:	03/20/2013
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 55-year-old female with date of injury of 03/20/2013. The listed diagnoses per Dr. [REDACTED] dated 02/20/2014 are status post cervical spinal fusion, spine surgery from 2001, knee arthroscopy, rotator cuff repair and status post C7 selective nerve root block from 03/10/2014. According to this report, the patient complains of right-sided neck pain with radiation into the medial scapula, right trap, and upper arm. She reports associated numbness and tingling in the arm and into the forearm. She also notes some subjective weakness in the grip strength on the right and medial forearm pain into the ulnar 2 digits. Her pain was aggravated by an epidural steroid injection and was much more severe for 13 days after the procedure. She developed numbness in the 4th and 5th fingers shortly after the procedure. She has tried physical therapy with no relief and C7-T1 epidural steroid injection on 11/05/2013 did not produce any relief of symptoms. The physical exam shows sensory examination demonstrated splitting of the ring finger sensation on the right side but not on the left with hyperalgesia to pinprick testing in the 4th and 5th finger on the right side. There is positive Tinel's sign at the cubital tunnel on the right but not on the left. The cervical range of motion is moderately restricted due to mild cervical pain without arm radiation. There are no signs of radiculopathy or myelopathy. The physician references a cervical spine x-ray obtained on 02/20/2014 that showed previous solid anterior interbody fusion at C4-C5 and C5-C6. There is some degenerative spondylosis seen at C6-C7 and to a lesser extent at C3-C4. The MRI of the cervical spine dated 12/18/2013 showed both C4-C5 neuroforaminal appear normal and both C5-C6 neural foramina are mildly narrowed by uncovertebral hypertrophy. The utilization review denied the request on 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT-Guided Cervical Spine Nerve Block C4-5 and C5-6 Right Sided Transforaminal Epidural: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46-47.

Decision rationale: This patient presents with neck pain radiation into the scapula, trap and upper arm. The physician is requesting a CT Guided cervical spine nerve block at C4-C5 and C5-C6 right sided transforaminal epidural. The MTUS Guidelines page 46 and 47 on epidural steroid injection states that it is recommended as an option for treatment of radicular pain, as defined by pain in the dermatomal distribution with corroborative findings of radiculopathy in an MRI. In addition, no more than 2 nerve levels should be injected using transforaminal blocks. Repeat blocks should be based on continued objective documented pain and functional improvement of at least 50% pain relief for 6 to 8 weeks. Review of the reports show that on 02/20/2014, the patient had an ESI with increased pain for 13 days and subsequently developing numbness in the fingers. It is not known why the physician is asking for a repeat injection. MTUS requires pain reduction, functional gains and medication reduction from this injection before another injection is to be provided. Therefore the request is not medically necessary.