MAXIMUS Federal Services

Case Number:	CM14-0125108		
Date Assigned:	08/11/2014	Date of Injury:	03/07/2013
Decision Date:	09/24/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine & Rehabilitation , has a subspecialty in Pain Management 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 32 year old female with a date of injury 03/07/13. Based on the 05/13/14 report provided by [redacted] M.D., the patient complains of constant neck and arm pain which radiate to the bilateral upper extremities and constant pain in the left elbow. Patient also presents with numbness is right shoulder, arm and hand. The pain is described as hot burning and sharp, averaging 8/10 on the pain scale. The pain is made worse by increased activity and gets better by taking medications. There is also myofascial pain syndrome of the C-spine musculature. Treatment tried in the past includes acupuncture, physical therapy and topical rubs containing Tramadol/Baclofen and Flurbiprofen/ Gabapentin /Lidocaine for pain and inflammation. Patient also reports having epidural injection on January 31, 2014, and states that it gave her minimal pain relief and caused her to have burning in her neck and shoulders. She has headaches, secondary to bilateral occipital neuralgia and cervicogenic component. Diagnosis notes show: cervical disc disease, brachial neuritis or radiculitis NOS, headache, myalgia and myositis, tendinitis of elbow, MRI report dated 06/10/13 reveals the following: C4-5 the disc is normal in height. There is mild broad based disc/osteophyte complex resulting in borderline acquired central canal stenosis (AP canal diameter 10mm). There is severe bilateral foraminal narrowing due to uncovertebral osteophytes, C5-6: The disc is normal in height. There is a broad disc/osteophyte complex resulting in mild acquired central canal stenosis (AP canal diameter 9.5mm). There is severe bilateral foraminal narrowing due to uncovertebral osteophytes. NCS impressions dated 03/19/14: Entrapment neuropathy of the median nerves at both wrists with mild slowing of nerve conduction velocity (Carpal Tunnel Syndrome). No electrophysiological evidence of entrapment neuropathy on the bilateral ulnar, and radial nerves. No electrophysiological evidence to support motor radiculopathy in the upper extremities. No electrophysiological evidence neuropathy in the upper extremities. The utilization review

determination being challenged is dated 07/11/14. The rationale is that there is no evidence of dermatomal or myotomal deficits and no nerve root tension signs indicating a radiculopathy. Diffuse cervical spondylosis with anatomic neurocompression generally in spine was noted, however again, there was no documentation of radiculopathy confirmed via EMG/NCVs. Failure of prior Epidural Sterile Injection was noted as well. Dr. [redacted] is the requesting provider, and he provided reports from 02/14/14 - 05/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI AT C4-5 AND C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection(ESIS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: This patient presents with neck pain and cervical radiculopathy. She has radiating pain to bilateral upper extremities, more on right, with numbness in the right shoulder, arm, and hand. Also headaches secondary to cervicogenic component are present. MRI report dated 06/10/13 reveal severe bilateral foraminal narrowing due to uncovertebral osteophytes at levels C4-5 and C5-6. The request is for Cervical Epidural Steroid Injection at C4-5 and C5-6. According to MTUS criteria for the use of Epidural Steroid injections, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The NCS impressions dated 03/19/14 show no electrophysiological evidence of entrapment neuropathy on the bilateral ulnar, and radial nerves, no electrophysiological evidence to support motor radiculopathy in the upper extremities, and no electrophysiological evidence of neuropathy in the upper extremities. Also in reference to ESI, MTUS guidelines, "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)." Patient had reported having epidural injection on January 31, 2014 with minimal pain relief. Therefore, this request is not medically necessary.