

Case Number:	CM14-0127852		
Date Assigned:	08/15/2014	Date of Injury:	11/07/2013
Decision Date:	09/24/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 57-year-old male who has submitted a claim for neck pain due to cervical degenerative disc disease, left C6-C7 cervical radiculitis, borderline mild carpal tunnel syndrome, and 40-pack year history of smoking associated with an industrial injury date of November 7, 2013. Medical records from 2014 were reviewed. The patient complained of neck pain, rated 7/10 in severity. There was also left arm numbness and tingling. The pain was constant, and aching. The pain was worsened with prolonged flexion and holding his head up for prolonged periods of time. Physical examination showed tenderness at the C6-C7 and C7-T1 disc spaces. Range of motion of the cervical spine was limited in flexion, extension, and bilateral side bending due to neck pain. Motor strength and sensation was intact. Tinel's, Phalen's and compression signs were positive at the left wrist. MRI of the cervical spine, dated December 30, 2013, revealed C6-C7 disc bulge slightly right paracentral, with spinal canal and neural foraminal stenosis right greater than left. EMG/NCV of the upper extremities dated April 10, 2014 showed borderline mild demyelinating and axonal median neuropathy at the left wrist (carpal tunnel syndrome) with no ongoing denervation. Treatment to date has included medications, physical therapy, home exercise program, and activity modification. Utilization review, dated July 14, 2014, denied the request for fluoroscopically-guided T1-T1 interlaminar epidural steroid injection because of lack of evidence of radiculopathy documented with physical examination and EMG/NCV study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Fluoroscopically - guided T1-T2 interlaminar epidural steroid injection: 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 Epidural steroid injections Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, repeat epidural steroid injection 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. In this case, the patient has persistent neck pain with numbness and tingling down the left upper extremity. Physical examination findings only showed positive Tinel, Phalen and compression signs at the left wrist. MRI of the cervical spine dated December 30, 2013, did not include the T1-T2 level while EMG (Electromyography)/NCS (nerve conduction study) of the upper extremities dated April 10, 2014 only showed left carpal tunnel syndrome. There was not enough evidence of radiculopathy in this patient. Furthermore, there was no evidence that patient was unresponsive to conservative treatment. The guideline criteria have not been met. Therefore, the request for Injection: Fluoroscopically - guided T1-T2 interlaminar epidural steroid injection is not medically necessary.