

Case Number:	CM14-0149400		
Date Assigned:	09/19/2014	Date of Injury:	02/28/2013
Decision Date:	12/12/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/15/2014

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 35 year old male with an injury date of 02/28/13. Based on the 07/25/14 progress report provided by [REDACTED], the patient complains of pain in the cervical spine rated 9/10 that radiates to his bilateral shoulders and down into his hands with associated numbness and tingling. Physical examination to the cervical spine revealed moderate tenderness with spasm over the paraspinous muscles extending to both trapezii. Facet tenderness noted over C4 to C7. Range of motion was limited in all planes. Axial head compression, Spurling's sign and Impingement tests were positive bilaterally. Sensation was decreased in the C5 to C7 dermatomes. The provider is requesting bilateral C5-C6 and C6-C7 transfacet epidural steroid injection. The patient's medications include Norco, Motrin and Protonix. The patient has had chiropractic treatment, activity restrictions and pharmacologic regimen with minimal effect. The provider states "appropriate and timely intervention must be properly conducted in order to relieve the disabling effects of inflammation and reduce pressure in the nerves, which is the cause of patient's persistent neck symptomatology and this in the form of transfacet C5-C6 and C6-C7 epidural injection." MRI of the cervical spine dated 07/15/13 revealed multilevel degenerative disc disease, greatest at C4 through C7; at C4-C5, there is a disc herniation with neuroforaminal stenosis contacting the bilateral C5 nerve roots; at C5-C6, there is also a disc herniation with a neuroforaminal stenosis contacting the bilateral C6 nerve roots; and at C6-C7, there is disc herniation with neuroforaminal stenosis contacting the bilateral C7 exiting nerve roots. EMG/NCV of the upper extremities, date unspecified, showed bilateral sensory motor neuropathy involving the median nerves across the wrists; and isolated left triceps C6, C7 and C8 nerve root distribution, increased spontaneous electro-activity and active fibrillations. The diagnosis on 07/25/14 included cervical disc disease; cervical radiculopathy; bilateral shoulder

rotator cuff syndrome; lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; bilateral sacroiliac joint pain; and bilateral knee osteoarthritis and meniscal tear. [REDACTED] is requesting bilateral C5-C7 transfacet epidural steroid injection. The utilization review determination being challenged is dated 08/22/14. The rationale is "no documentation of trial of conservative care..." [REDACTED] is the requesting provider and he provided treatment reports from 02/12/14 - 07/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C7 Transfacet Epidural Steroid Injection: Overturned

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

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

Decision rationale: The patient presents with pain in the cervical spine rated 9/10 that radiates to his bilateral shoulders and down into his hands with associated numbness and tingling. The request is for bilateral C5-C7 transfacet epidural steroid injection. Physical examination to the cervical spine on 07/25/14 revealed decreased range of motion in all planes. Axial head compression, Spurling's sign and Impingement tests were positive bilaterally. Sensation was decreased in the C5 to C7 dermatomes. The patient's diagnosis dated 07/25/14 included cervical disc disease and cervical radiculopathy. MRI of the cervical spine dated 07/15/13 revealed disc herniation with a neuroforaminal stenosis contacting the bilateral C6 nerve roots at C5-C6, and disc herniation with neuroforaminal stenosis contacting the bilateral C7 exiting nerve roots at C6-C7. Patient's medications include Norco, Motrin and Protonix. MTUS Chronic Pain Medical Treatment Guidelines, pages 46-47, on epidural steroid injections (ESIs) states: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." UR letter dated 08/22/14 states "no documentation of trial of conservative care..." However, per progress report dated 07/25/14, "patient has had chiropractic treatment, activity restrictions and pharmacologic regimen with minimal effect." The provider states "appropriate and timely intervention must be properly conducted in order to relieve the disabling effects of inflammation and reduce pressure in the nerves, which is the cause of patient's persistent neck symptomatology and this in the form of transfacet C5-C6 and C6-C7 epidural injection." In this case, patient presents with radiating symptoms to his bilateral arms, which have been supported by physical examination findings and corroborated by MRI study. There is no indication patient has had an injection in the past. Therefore, this request is medically necessary.