

Case Number:	CM14-0175670		
Date Assigned:	10/28/2014	Date of Injury:	11/15/2010
Decision Date:	12/05/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family Medicine 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:

This is a 39-year-old female patient who reported an industrial injury on 11/15/2010, to the right hand and right wrist, four (4) years ago, attributed to the performance of his usual and customary job tasks. The industrial claim was accepted for the right hand and right wrist. The treating physician was treating the patient for the diagnoses of cervicalgia and right shoulder joint derangement. The patient was noted to have had an EMG/NCV of the upper extremities on 10/25/2011, which was assessed as normal. The patient complained of persistent pain in the neck radiating into the upper extremities; headaches; and tension between the shoulder blades. The objective findings on examination included para vertebral muscle tenderness with spasm; positive axial loading compression test; Spurling's maneuver was positive; range of motion was limited and painful; tingling and numbness into the anterior lateral shoulder as well as lateral forearm and hand correlating with the C5 and CX dermatomal pattern; muscle strength of the deltoid and biceps which are C5 innervated muscles is graded 4/5 muscle strength of wrist extensors and biceps which are C6 innervated muscle groups is graded 4/5. The treatment plan included a referral to pain management specialist for consideration of cervical epidural injections. The patient was continued on modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for possible cervical epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-175, 300, Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter epidural steroid injections

Decision rationale: The request for the referral to pain management specialist for provision of a cervical spine ESI is inconsistent with the recommendations of evidence-based guidelines, as the patient is not documented to have objective findings consistent with an acute nerve impingement radiculopathy. There are no recommendations for a cervical ESI as for degenerative disc disease. The request was not supported with a MRI of the cervical spine. There was no Electrodiagnostic evidence of a nerve impingement radiculopathy. There is no Electrodiagnostic evidence of a progressive radiculopathy. There are no documented neurological deficits that are progressive on physical examination. There was no objective evidence provided by the requesting provider to support the medical necessity of the requested cervical epidural injection for the treatment of chronic neck and UE pain or the stated subjective radiculopathy. There were no documented objective findings consistent with a radiculopathy on physical examination as the neurological status of the patient was intact. The patient was not reported to have documented specific neurological deficits over a dermatome distribution. The patient does not meet the criteria recommended by the CA MTUS for cervical ESIs as the treatment is directed to cervical spine for DDD. The use of cervical ESIs for chronic cervical pain or for cervical spine DDD is not recommended by evidence-based guidelines. There is no impending surgical intervention being contemplated to the cervical spine. The patient is noted to be four (4) years status post date of injury with no contemplated surgical intervention for the cervical spine. The provider did not provide sufficient clinical documentation in the form of subjective/ objective findings on physical examination to support the medical necessity of the prescribed Cervical ESIs in relation to the reported industrial injury. The ACOEM Guidelines state that Cervical ESIs are of "uncertain benefit" and should be reserved for those patients attempting to avoid surgical intervention to the cervical spine. The Official Disability Guidelines state that there is insufficient evidence to treat cervical radiculopathy pain with ESIs. There is no objective evidence provided to support the medical necessity of the requested cervical ESI. The provided clinical evidence from the literature all suggests that ESIs are alternatives for surgical intervention and for the treatment of lumbar radiculopathy. They all agree that the beneficial results are transitory and short-term. None of the cases provided in literature listings addresses the long-term continued use of this treatment modality when radicular signs are unsupported by clinical imaging or Electrodiagnostic studies. There is no demonstrated medical necessity for the requested referral to a pain management specialist for consideration of a cervical spine epidural steroid injection at an unspecified level.