

Case Number:	CM14-0181735		
Date Assigned:	11/06/2014	Date of Injury:	11/26/2012
Decision Date:	12/11/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/31/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 39 year old male who had a work injury dated 11/26/12. The diagnoses include cervicalgia, cervical radiculopathy and bilateral carpal tunnel syndrome with a history of surgery and hand pain. Under consideration are requests for cervical epidural steroid injection, bilateral C5-C6 level with fluoroscopy. There is a 9/22/14 progress note which states that the patient has complaints of neck pain and bilateral wrist and hand pain. The neck pain is intermittent, sharp, and sore type pain that does not radiate. He reports that he has wrist and hand pain with numbness and tingling into both hands, worse at night. He feels like itching and tightness in the hands. It is worse with writing and using his hands, and improves with not using his hands and stretching. He has previously had bilateral carpal tunnel surgery which did help previously, but now he is starting to get that numbness and tingling back in the hands again. He previously had physical therapy with some help around the surgery time. No acupuncture, injections, or chiropractic treatment. TENS unit helps during the therapy and he has one at home as well, which does help. Cervical range of motion had decreased extension and rotation. Positive Spurling's test into the shoulders, worse on the left. Sensation was decreased to light touch in bilateral hands. There was weakness noted in the bilateral grip strength. There was tenderness to palpation over the cervical paraspinal muscle, upper trapezius, and scapular border. The report reviewed an EMG and nerve conduction study and stated that it showed mild right carpal tunnel syndrome and bilateral C5-C6 chronic cervical radiculopathy. The treatment plan states the patient is to start Gabapentin 600 mg q.h.s. (#30) and Naproxen 550 mg p.o. b.i.d. p.r.n. (#60). The patient will continue his home TENS unit. We will obtain an authorization for a chiropractic therapy 2x6 weeks for his neck, MRI of the cervical spine, and a cervical epidural steroid injection at C5-C6 level with fluoroscopy. He will continue to use his wrist braces at night. He

will also continue with his home exercise program, cervical epidural steroid injection at C5-C6 level with fluoroscopy. The patient has failed non-surgical treatment including therapy and oral medications. The need for cervical epidural injections is to assist in avoiding cervical surgery and to give the patient some relief. Per documentation the patient had a cervical MRI dated April 18, 2013, which reveals Impression: 1) There were 0.5 to 1.0 mm concentric disc bulges at the C4-C5, C5-C6, and C6-C7 levels. 2) Cervical spasm. A 7/30/14 EMG states that there is evidence of a bilateral chronic C5-6 cervical radiculopathy. There was no evidence of a myopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection, bilateral C5-C6 level with fluoroscopy: 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.

Decision rationale: Cervical epidural steroid injection, bilateral C5-C6 level with fluoroscopy is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The documentation submitted does reveal an objective electrodiagnostic report with evidence of a chronic bilateral chronic C5-6 cervical radiculopathy. The documentation does indicate the patient has had prior cervical physical therapy and has been unresponsive to conservative treatment. The documentation does reveal physical exam findings suggestive of cervical C5-6 radicular symptoms bilaterally. The patient has not had prior injections. The request for cervical epidural steroid injection, bilateral C5-C6 level with fluoroscopy is medically necessary.