MAXIMUS Federal Services

Case Number:	CM14-0031725		
Date Assigned:	06/20/2014	Date of Injury:	08/06/2009
Decision Date:	09/16/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/12/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

36y/o female injured worker 8/6/09 with related neck and upper back pain and radicular symptoms in the left arm. Per progress report dated 7/9/14, she received a repeat ESI two weeks prior and reported greater than 70% relief of neck pain and left arm pain. She noted that she noticed decreased pain in the left arm almost immediately after the injection. She still complained of some discomfort in the left arm and paresthesias in the 4th and 5th fingers of the hand. As a result of the injection she noted increased capacity to work and type, and increased capacity for activities of daily living including sitting, doing dishes, doing laundry, and child care, in addition to increased range of motion of the neck. Per physical exam, ROM of the cervical spine was slightly to moderately restricted. Spurling's test was weakly positive with some left arm radiating pain when she flexed her neck to the right. There was increased muscle spasm to the right and left sides at the base of the neck and both trapezius muscles. Strength and reflexes were grossly intact in the upper extremities. MRI of the cervical spine dated 5/3/10 revealed mild cervical spondylosis, C6-C7 with a broad based disc measuring 2mm AP diameter which extended out toward the left neural foramen but does not cause nerve root compression. The disc minimally indented the anterior and ventral surface of the cervical cord but did not cause cord compresion, no significant flattening or widening. She has been treated with injections, physical therapy, and medication management.The date of UR decision was 3/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steriod injection at C4-C5: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) for guidance.4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session.7) 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)8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.I respectfully disagree with the UR physician's assertion that there was potential of other sources of nerve impingement given positive Tinel's sign over the cubital and carpal tunnel regions. Per note dated 4/29/14 not available to the UR physician, it is stated that the injured worker has had three sets of nerve conduction studies and EMG tests dated 7/20/10, 2/17/12, and 2/13/13 which gave normal results, therefore ruling out significant ulnar neuritis or carpal tunnel syndrome as the cause of her problems. As there is documentation of previous ESI lasting greater than 4 months with greater than 70% relief, the request is medically necessary.