

Case Number:	CM14-0057713		
Date Assigned:	07/09/2014	Date of Injury:	03/04/2010
Decision Date:	09/05/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational 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 with a 3/4/10 date of injury, when she sustained cumulative trauma to the upper extremities due to repetitive nature of her work as a data entry worker. A cervical MRI dated 5/13/11 (the radiology report was not available for the review) revealed: disc protrusions at C5-C6 and C6-C7, bilateral neuroforaminal stenosis at C5-C6 and left neuroforaminal stenosis at C6-C7; effacement of the exiting bilateral C6 nerve roots and left C7 exiting nerve root. NCS and EMG studies dated 10/17/13 revealed normal study of sensory nerve action and compound motor action potential of bilateral median, bilateral ulnar and bilateral radial nerves. The EMG revealed normal nerve conduction study and normal electromyography of bilateral upper extremities. The patient was seen on 3/20/14 with complaints of 4-5/10 dull and constant neck pain, radiating to the head and bilateral shoulders. The patient also complained of 6/10 left shoulder pain radiating down to the fingertips with numbness and tingling sensation. Exam findings revealed bilateral decreased sensation over C6-C7 dermatomes and weakness (4/5) of the bilateral elbow extensors and right wrist extensor. Cervical spine range of motion was decreased and there was moderate tenderness and spasm over the cervical paraspinal muscles extending to the trapezius muscles. Spurling sign and axial head compression test were positive. The progress note stated that the patient received 4 sessions of the therapy and one injection on 3/25/10 to an unspecified region and that she was sent under the care of a chiropractic physician, who became her primary treating physician on 4/6/10. The diagnosis is status post left shoulder surgery, bilateral shoulder impingement, cervical disc disease, cervical facet syndrome, left lateral epicondylitis and headaches. Treatment to date: left shoulder arthroscopic repair (5/30/13) work restrictions, shoulder injections and medications. An adverse determination was received on 4/16/14. The request for Bilateral C5-C6 and C6-C7 transfacet epidural steroid injection was denied due to a lack of

documentation indicating the patient underwent the regimen of physical therapy prior to the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C6 and C6-C7 transfacet epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. The progress notes suggested that the patient sustained work-related injury in 2010 and the MRI dated 5/13/11 revealed: disc protrusions at C5-C6 and C6-C7, bilateral neuroforaminal stenosis at C5-C6 and left neuroforaminal stenosis at C6-C7; effacement of the exiting bilateral C6 nerve roots and left C7 exiting nerve root. However, the NCS/EMG performed on 10/17/13 did not show any evidence of radiculopathy in the upper extremities. CA MTUS Guidelines require documentation of failed conservative treatments prior to the injections. The progress note dated 3/10/14 stated that the patient received 4 sessions of therapy, however the evaluation of the treatment was not available. Therefore, the request for Bilateral C5-C6 and C6-C7 transfacet epidural steroid injection is not medically necessary and appropriate.