

Case Number:	CM14-0068214		
Date Assigned:	07/14/2014	Date of Injury:	06/21/2013
Decision Date:	09/15/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/13/2014

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:

The claimant injured her cervical spine on 06/21/13. Cervical epidural steroid injections at two levels, internal medicine clearance and psych evaluation analysis (clearance) have been requested and are under review. The claimant has been seeing [REDACTED] for constant neck and back pain at level 5-8/10 over the past approximately 1 year. On 04/02/14, she saw [REDACTED] and was using a cervical pillow and TENS unit. She was status post her second cervical epidural (level unknown) on 03/18/14. Her pain went from 8/10 to 6-7/10 for 3-4 days. Her arm pain was reduced by 25%. MRI of the cervical spine in August 2013 showed degenerative disc disease and stenosis. She has reduced sensation in the right C5 dermatome. The MRI of the cervical spine showed no disc bulge or disc herniation at C2-3, C3-4 but at C4-5, C5-6, and C6-7, there was dehiscence of the nucleus pulposus with disc bulges indenting the anterior portion of the cervical arachnoid space. There was minimal indenting of the sagittal diameter. No nerve root compressions were described. She is status post chiropractic care and an impairment rating. She had a functional capacity evaluation on 01/03/14. She had some ongoing deficits. Topical ointment helps reduce her pain for about 2 hours. Her grip strength was normal. She had nonspecific tenderness about the shoulders. She had decreased range of motion of the right more than the left shoulder. Phalen's test was positive and DTRs were normal. She had a sensory deficit of the anterolateral shoulder and arm on the right with distorted superficial tactile sensibility corresponding to the C5 dermatome. There was diffuse sensory loss along the entire right upper extremity. She was diagnosed with cervical radiculopathy. She was recommended to undergo the first cervical epidural steroid injection at this level C5-6 and C6-7. She required internal medicine specialist consultation and a psychological evaluation to clear her for the injections. She had decreased sensibility at the C6 and C8 dermatomes on the right side. Foraminal compression test and Jackson's compression

test were positive on both sides. There is no evidence that she was advised to continue a home exercise program in conjunction with injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

First therapeutic cervical epidural steroid injection at disc levels C5-C6 and C6-C7:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESI's). Decision based on Non-MTUS Citation ACOEM Neck and Upper back, Chapter 8.

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

Decision rationale: The history and documentation do not objectively support the request for ESIs at C5-6 and C6-7. The California MTUS state "Epidural steroid injections (ESIs) may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007) Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. There is no clear objective evidence of radiculopathy at the two levels to be injected on physical examination and no EMG was submitted. Her response to the first injection on 03/18/14 (unknown level) is less than optimal and there is no indication that she has failed all other reasonable conservative care, including PT, or that this ESI is based on an attempt to avoid surgery. The MRI report does not demonstrate the presence of nerve root compression at the two levels to be injected. There is no indication that the claimant has been instructed in home exercises to do in conjunction with injection therapy. The medical necessity of this request has not been clearly demonstrated.

Clearance from an internal medicine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Pre-operative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations, and Consultations, page 127.

Decision rationale: The history and documentation do not objectively support the request for an Internal Medicine clearance prior to epidural steroid injections. The California MTUS state "if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment." In this case, there is no indication given for the Internal Medicine consultation. No medical conditions requiring this type of clearance were described. The medical necessity of an Internal Medicine consultation for clearance prior to an epidural steroid injection has not been clearly demonstrated.

Psychological evaluation analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 132. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The history and documentation do not objectively support the request for a psychological evaluation analysis prior to epidural steroid injections. The California MTUS (ACOEM) states "if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment." The California MTUS Chronic Pain Guidelines further state "psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. In this case, there is no indication given for the psychological evaluation. No psychological conditions or symptoms requiring this type of clearance were described. The medical necessity of this type of psychological evaluation for clearance prior to an epidural steroid injection has not been clearly demonstrated.