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| Case Number: | CM14-0083078 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 03/02/2012 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 05/29/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

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 and is licensed to practice in Texas and Oklahoma. . 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 injured worker is a 34-year-old female who reported an injury on 03/02/2012. The diagnoses include mild degenerative disc disease, upper extremity radiculitis, degeneration cervical disc, displaced cervical intervertebral disease, brachial neuritis/radiculitis other, and cervical spondylosis without myelopathy. Past treatment included medications, injections, diagnostic studies, a TENS unit, and trigger point injections. Diagnostic studies included an EMG and NCV study of the bilateral upper extremities on 05/23/2014. On 07/17/2014, the injured worker was seen for neck and bilateral arm pain. She underwent a first cervical epidural injection on 05/06/2013 which provided about 40% relief of her bilateral shoulder and bilateral arm symptoms after some increased pain for the first couple of weeks. The injured worker stated the positive effects of the cervical epidural injection wore off after about 2 months. The injured worker continued to report moderate to severe neck pain which radiated to both of her shoulders which included her shoulder blade regions and continued down both of her arms, associated with some numbness and tingling in arms as well as her ring fingers plus constant numbness in her left thumb. There was a tight pulling sensation at the base of the neck posteriorly in the middle neck line that radiated to the back of the skull, mainly when she tilted her head forward. There were intermittent headaches which she attributed to her neck problems. The examination of the cervical spine revealed range of motion was restricted with flexion of 20 degrees, extension of 25 degrees, rotation of 40 degrees, and lateral bending of 20 degrees. There was tenderness over the cervical spinous processes mainly at the base of the neck. There was moderate tenderness in the paraspinal muscles also mainly towards the base of the neck and in the trapezius muscles. There was minimal tenderness over the nerve roots on both sides of the neck with slightly more tenderness over the brachial plexus on both sides. Medications included Zanaflex and topical creams. The treatment plan is for cervical medial branch blocks after cervical trigger point

injections, an additional cervical epidural injection, to decrease or stop smoking completely, continue medications, and follow up in 6 weeks. The request is for repeat cervical epidural steroid injection (ESI) at C6-7 with fluoroscopy and bilateral median branch block (MBB) at C4-5 with fluoroscopy. The rationale is the provider felt that these would be the best options at this time. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat cervical epidural steroid injection (ESI) at C6-7 with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker has a history of neck and arm pain. The CA MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker received an epidural injection on 05/06/2013 and she reported to have received about 40% relief in her bilateral shoulders. The effects wore off after about 2 months. There was a lack of documentation of functional improvement 50% or greater. There was conflicting information about the duration and level of pain relief that the patient received from the previous injection. As such, the request is not medically necessary.

Bilateral median branch block (MBB) at C4-5 with fluoroscopy: 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) - Diagnostic Blocks For Facet Nerve Pain, Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The injured worker has a history of shoulder and neck pain. The CA MTUS/ACOEM Guidelines on invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back

symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The documentation described symptoms of pain throughout the upper extremities. There appeared to be conflict regarding if trigger point injections were to be given prior to the medial branch block. There is a lack of documentation as to the discrepancy. As such, the request is not medically necessary.