

Case Number:	CM14-0087650		
Date Assigned:	07/23/2014	Date of Injury:	09/01/2006
Decision Date:	09/25/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/11/2014

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 Pain Management 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 patient is a 51 year old female with an injury date of 9/01/06. Based on the 4/10/14 progress report by [REDACTED], this patient complains of "bilateral cervical pain." She describes the cervical pain as a "sharp stabbing pain with burning sensation that radiates upward and downward." The neck pain also radiates to the right upper extremity causing weakness, heaviness, numbness, tingling, mild edema right (all digits), decrease grasping reflex, and no decreased hand manipulations." Exam of the cervical spine shows asymmetry of the neck and shoulders, with tilting of the head and neck to the left. On axial compression of the cervical spine there is left trapezius tenderness. Cervical spine ROM is restricted, in forward flexion, in backward extension, in right lateral tilt, in left lateral tilt, in right rotation, in left rotation. Upper extremity sensation to light touch is diminished, over the C5 dermatome. Diagnoses for this patient are: 1. Degeneration of cervical intervertebral disc 2. Cervical Disc Displacement 3. Cervical Radiculitis. The utilization review being challenged is dated 5/07/14. The request is for Cervical Epidural Steroid Injection at C4-5 with Anesthesia care and Epidurography. The requesting provider is Dr. [REDACTED] and he has provided various reports from 3/26/13 to 4/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at Cervical 4-5 with anesthesia and epidurography:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid Injections.

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

Decision rationale: This patient presents with bilateral cervical pain and right shoulder pain; making it difficult to perform daily ADL. The treater requests cervical epidural steroid injection at C4-5 with anesthesia care and epidurography. The treater states this patient has symptoms of radiculopathy. The treater mentions a MRI cervical spine (undated and no report provided) indicating C4-C5 degenerative disc disease. EMG and NCV of the left and right upper limbs on 3/26/13 "showed no response (palm) and decreased conduction velocity of the left median sensory (wrist-3rd Digit, 35 m/s)" and the "right median sensory nerve showed decreased conduction velocity (wrist-3rd Digit, 42 m/s)." Also, "F Wave studies indicate that the Right median F wave has no response." Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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. For cervical ESI, it states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The 04/10/14 reports this patient "has had positive relief with prior cervical injection > 50-60% relief with last injection > 12 months (11/28/2011)." This patient also states that "she was able to perform ADL (dressing, showering, cooking, cleaning) after the CESI > 12 Months (2/28/11). However, there is no documentation of radiculopathy with MRI showing only degeneration at C4-5. EMG was negative for radiculopathy as well. Although the treater argues that the patient has had a good response to previous injection, without a specific diagnosis of radiculopathy, ESI is not indicated. Given the lack of nerve root lesion that would explain the patient's arm symptoms, recommendation is for denial.