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| Case Number: | CM14-0097818 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 06/01/2009 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

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 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 injured worker is a 47-year-old male who reported an injury on 06/01/2009 due to an unknown mechanism. Diagnoses were degeneration cervical IV disc, cervical spondylosis without myelopathy, spinal stenosis in cervical region, brachial neuritis/radiculitis other, pain in joint shoulder, lateral epicondylitis elbow, sprain/strain elbow/forearm other, lesion of ulnar nerve, carpal tunnel syndrome, other tenosynovitis hand/wrist, degenerative disc disease lumbar/lumbosacral IV disc, lumbosacral spondylosis, spinal stenosis lumbar region, displaced intervertebral disc site unspecified, unspecific thoracic/lumbar neuritis/radiculitis, pain in joint ankle/foot, opioid abuse unspecified, and tobacco use disorder. Physical examination on 04/27/2014 revealed that the injured worker had undergone a cervical epidural steroid injection on 03/25/2014 to C6-7. The injured worker stated that he experienced no relief in the neck symptoms and no relief of his bilateral arm symptoms. The injured worker was told that it may take more than 1 cervical epidural injection to obtain a positive response when the symptoms have been present for such a long period of time. The injured worker reported having severe neck pain which radiated down both arms with associated numbness and tingling in both arms and hands. Examination of the cervical spine revealed range of motion was restricted with flexion to 15 degrees, extension was to 20 degrees, right rotation was to 30 degrees, left rotation was to 35 degrees, right lateral bending was to 10 degrees, and left lateral bending was to 10 degrees. Palpation about the neck revealed moderate +tenderness over the cervical spinous processes, mainly at the base of the neck. There was moderate tenderness in the paraspinal muscles. There was moderate +tenderness in the trapezius muscles. There was moderate tenderness over the nerve roots on both sides of the neck. Deep tendon reflexes for the upper extremities were 2+ symmetrical at the biceps, but trace plus symmetrical at the triceps and 1+ symmetrical at the Brachioradialis. Motor strength was tested in the upper extremities that

demonstrated breakaway weakness without any true neurological deficits identified without evidence of any significant effort doing the testing. Treatment plan was for cervical epidural injection #2. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines repeat epidural steroid injection.

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

Decision rationale: The decision for Cervical epidural injection #2 is not medically necessary. The California Medical Treatment Utilization Schedule states the purpose of epidural steroid injections 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. Criteria for the use of epidural steroid injections are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an adequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. It was reported in the clinical documentation that the injured worker experienced no relief in his neck symptoms and no relief of his bilateral arm symptoms. There are no neurological deficits with strength, sensation, or reflexes suggestive of radiculopathy in a specific dermatomal/myotomal distribution reported. The request does not indicate that the cervical epidural injection is to be done by fluoroscopy. The guidelines recommend that radiculopathy must be documented by physical examination. The physical examination was not clear for the indication of radiculopathy. The guidelines do not support a second block if there was no pain relief from the previous block. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.