

Case Number:	CM13-0037255		
Date Assigned:	03/28/2014	Date of Injury:	01/17/2007
Decision Date:	01/19/2015	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/27/2013

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 & 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:

This 51 year old male sustained a work related injury on 01/17/2007. The mechanism of injury was not made known. The patient was diagnosed with cervical disc with radiculitis, degeneration of cervical disc and ulnar nerve injury, status post SMUT procedure with ulnar neuropathy and residual neurological symptoms. 8/09/13 progress notes described a history of neck and left upper extremity pain with ulnar nerve symptoms. He was s/op cervical epidural steroid injection (CESI) and SCS trial with no benefits. He was in physical therapy with noted increase in upper extremities strength and grip. He was still having left arm weakness. Pain rate was 5/10. He had left arm numbness/tingling. He was now back on Gabapentin with better pain relief in muscle spasms and tingling. He was s/p 10 sessions of aqua therapy and felt a new person after his sessions. He noticed worsening of his symptoms when not taking Gabapentin. He felt hamstring and right leg pain when he missed the dose. Restoril was helpful with sleeping and pain at night. His left arm symptoms have worsened. Current medications were Motrin, Prilosec, Medrox patch, Gabapentin, Restoril and Tylenol with Codeine #4. Clinically, cervical spine range of motion was full in flexion, extension, lateral rotation and lateral bending with increased pain with flexion and extension. Motor strength was 5/5 in bilateral upper extremities. Sensation was diminished to pinprick along C6 dermatomes left upper extremity. DTR's were 2+ on triceps, bilateral biceps and brachioradialis. MRI 7/22/13 was referenced which showed C6-7 marked bilateral foraminal stenosis due to prominent uncovertebral hypertrophy, C5-6 moderately severe right foraminal stenosis due to uncovertebral hypertrophy, C2-3, C3-4 and C4-5 mild asymmetric left facet arthropathy and foraminal narrowing and moderate cervical kyphosis. Treatment plan included CESI C7-T1 x1 injection under fluoroscopic guidance. Treatment to date has included CESI, spinal cord stimulator trial, physical therapy, medications and aqua therapy. He was status post right laminectomy in 4/2010 including laminectomy with foraminotomy,

microdiscectomy at L5 and S1 and left cubital tunnel release with ulnar nerve transposition in March 2007.

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 C7-T1 Times 1, Under Fluoroscopic Guidance:

Upheld

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

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

Decision rationale: Medical necessity for cervical epidural steroid injection C7-T1 x1 under fluoroscopic guidance is not established. CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. The clinical notes failed to provide evidence of specific quantifiable objective functional improvements, decrease in patient's rate of pain and decrease in medication intake as a result of initial injection. This patient has continued radicular symptoms after previous steroid injection. Guidelines do not support repeat epidural steroid injections without significant improvement from prior diagnostic blocks. This request is not medically necessary.