

Case Number:	CM14-0171191		
Date Assigned:	10/23/2014	Date of Injury:	09/15/2012
Decision Date:	01/02/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/16/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 was a 59 year old male, injured on the job, September 15, 2012. The injured worker was trying to prevent someone from stealing and was punched in the face. The injured worker was brought to the hospital by ambulance and treated. The injured worker was placed on temporary disability until the epidural injections were completed. According to the progress note, of July 16, 2013, the injured worker has ongoing complaints of pain in the neck and left thumb with headache pain shooting down the left upper extremity with tingling. The injured worker scores his pain at 7-8 out of 10. Zero being no pain and ten being the worse pain with a ringing sensation in his ears. According to the progress note, the injured worker was diagnosed with right cervical radiculitis, cervical disc protrusion at C3-C4 and facet hypertrophy at C4-C5 and C5-C6 (Magnetic Resonance Imaging (MRI) confirmed), carpal tunnel syndrome, right C5-C6 dorsal rami involvement (electromyogram Confirmed), dislocated left thumb, nasal bridge fracture (Computed Tomography (CT) confirmed) old fracture of left lamina in eye and chronic myofascial pain syndrome, range of motion of the C spine was restricted. The injured worker was doing stretching, strengthening and spine stabilization exercises at home. According to the progress note of August 5, 2013, the injured worker underwent an electromyogram and nerve conduction study of the left and right upper extremities on December 12, 2012, which revealed left carpal tunnel syndrome with right C-C dorsal rami involvement. On August 28, 2013 the injured worker had left thumb surgery. The injured worker continued with Celebrex, Neurontin, atarax, Norflex and home exercises. On September 4, 2013 the injured worker received an epidural injection. On October 9, 2013, the injured worker had a K-wire removed from the left thumb. The surgery of the left thumb healed well. According to the progress note of October 15, 2013, the epidural steroid injection, but he gets intermittent flare-ups of his neck pain shooting down upper extremities, particularly shoulder area. Pain level 3-4 out of 10. The injured worker

can return to work with no use of the left hand. According to the progress note of December 10, 2013 the epidural injection continued to give the injured worker 60-70% pain relief for a few months and increased functional improvement. On January 15, 2014 the injured worker was scheduled for another epidural injection. The progress note of January 28, 2014, the injured worker report a 50-60% improvement of the pain and reduction of headaches. The injured worker can return to work with 20 pound weight limit with the left hand and have occasional bending, turning and extending of the neck. On October 9, 2014, the UR denied a TCESI (translaminar Cervical Epidural Steroid Injection), as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,309.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, the patient does not have clinical evidence of radiculopathy and there is no documentation of functional and pain improvement with previous epidural steroid injection. MTUS guidelines do not recommend repeat epidural injections for neck pain without documentation of previous efficacy. Therefore, the request Translaminar cervical epidural steroid injection is not medically necessary.