

Case Number:	CM14-0195199		
Date Assigned:	12/02/2014	Date of Injury:	10/10/2010
Decision Date:	01/14/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 52 year old presenting with a work related injury on 10/10/10. The patient had tried physical therapy, massage, reasons ninth, chiropractor therapy with transiently and no long-term relief, and medication. The patient also tried injections C5 - C6 and the. According to the medical records the patient tried multiple cervical epidural steroid injection on February 7, 2013, June 18, 2013, and August 20, 2013, as well as bilateral cervical facet joint steroid injections with 4% lidocaine and diagnostic entity at C5 - C6 and C7 on May 20th 2014 as well as June 2014. The patient also underwent right carpal tunnel release and right elbow ulnar release on June 28, 2013 and left carpal tunnel release on December 6, 2013. The patient's medications included Klonopin, Ibuprofen, Tramadol and cyclobenzaprine. MRI of the cervical spine on July 21, 2011 revealed degenerative changes from C4 to C5 5657 levels resulting in moderate right foraminal narrowing at C4 - five, mild right and moderate left foraminal narrowing at C5 that and moderate central stenosis with moderate to severe right foraminal narrowing at seven. EMG nerve conduction study of the upper extremities revealed no objective interpretation result. The physical exam remains unchanged for several office visits. The patient was diagnosed with cervical spondylosis, cervical radiculopathy, and cervical disc degeneration.

IMR ISSUES, DECISIONS AND RATIONALES

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

TFESI right C6-7 and left C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Epidural Steroid Injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: TFESI right C6-7 and left C5-6 is not medically necessary. The California MTUS page 47 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam and imaging is not consistent with cervical radiculitis. Additionally, the patient had prior cervical epidural without prior benefit; therefore, the requested services is not medically necessary.