

Case Number:	CM14-0207765		
Date Assigned:	12/19/2014	Date of Injury:	09/12/2011
Decision Date:	02/10/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/11/2014

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 Internal Medicine and is licensed to practice in New York. 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 55-year old female clerk (typist) with a date of injury of 09/12/2011. This was a cumulative injury from computer work and typing. On 07/18/2012 she had neck pain radiating to both upper extremities, right worse than left. She had right elbow and wrist pain. She had numbness and tingling of her extremities. Spurling's test was positive. The cervical range of motion was decreased. She had abnormal sensation of the C6 and C7 dermatomes. Tinel's sign was positive at the right elbow and right wrist. Phalan's sign was positive at the right wrist. EMG revealed no active cervical radiculopathy. She did have mild right C6 denervation. She has been treated with cortisone injections to the right wrist and elbow. On 05/31/2012 cervical spine x-rays were essentially normal with slight C5-C6 spondylosis. On 07/02/2012 a cervical MRI revealed 1.5 mm disc bulges. There was moderately significant narrowing of the right C6-C7 neural foramin. On 06/28/2013 she had right elbow cubital tunnel release, partial medial epicondylectomy and right carpal tunnel release surgery. On 08/07/2013 and on 10/16/2013. she had cervical paraspinal muscle spasm. Spurling sign was present. She had a cervical epidural steroid injection on 11/15/2013 and had a temporary 60% to 70% improvement in her pain. However, on 12/10/2013 she had her routine pain on medications. Cervical range of motion was decreased. Motor strength was 5/5. She had diminished light touch sensation over C5 and C6 dermatomes. On 11/20/2013 she had a MRI of the cervical spine and again had 1.5 mm disc bulges. On 02/04/2014 she had neck pain, occipital headache and right shoulder pain. The cervical range of motion was decreased. Reflexes were normal. Motor strength was 5/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

One C5-C6 cervical steroid injection: Upheld

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

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

Decision rationale: MTUS, Chronic Pain Medical Treatment Guidelines, Page 46. Epidural steroid injections (ESIs). Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007). This patient did not have radiculopathy in 02/2014. Muscle strength was 5/5 and reflexes were normal. Sensation was also essentially normal and unchanged. Also, the 60% improvement after the previous ESI lasted for approximately 3 weeks (11/15/2013 was the ESI and by 12/10/2013, she was taking all of the medicines and the pain was present as before the ESI). The previous ESI did not last the required 6 to 8 weeks as per the above criteria. Therefore, One C5-C6 cervical steroid injection is not medically necessary.

One monitored anesthesia care: Upheld

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

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

Decision rationale: Since the above requested ESI was not recommended, specific anesthesia requests for the procedure are not medically necessary.

One epidurography: Upheld

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

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

Decision rationale: Since the ESI was not recommended as above, studies to identify the epidural space anatomy are not medically necessary.