

Case Number:	CM15-0007937		
Date Assigned:	01/26/2015	Date of Injury:	03/11/2008
Decision Date:	03/12/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained a work related injury March 11, 2008, after falling on both hands, landing on gravel on a playground, with pain and symptoms in the left upper extremity to include; the left arm and shoulder, scrapes to the elbow and abrasions to the left hand and neck pain. She self- treated with Motrin and ice and was formally treated with Lidocaine patches and physical therapy. Past history includes; hypertension, depression, surgery left upper extremity 2004 with a residual complex regional pain syndrome and another left rotator cuff repair surgery April, 2010 with a post-operative course of physical therapy and left shoulder manipulation under anesthesia October, 2010. According to an orthopedic treatment note dated November 3, 2014, the injured worker was seen for follow-up regarding her neck shoulder and wrist conditions. She has been having daily headaches and increased spasms in the trapezius muscles. Diagnoses are wrist and hand arthralgia; cervical degenerative disc disease; cervicgia; cervical radiculitis; adhesive capsulitis shoulder; disorders of bursae & tendon shoulder and other tenosynovitis hand/wrist. Treatment included heat/ice as needed, topical analgesics; home exercise program; medications as needed and pain management follow-up. Work status is temporarily totally disabled x six weeks. According to utilization review dated December 23, 2014, the request for Cervical Epidural Injection under fluoroscopic guidance at C5-6 is non-certified. The request for post injection re-evaluation is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection under Fluoroscopic Guidance at C5-6: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI 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. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of cervical radiculopathy however this is not demonstrated by the physical exam included in the documentation for review or corroborated by the included EMG, which was reported as normal. Therefore criteria for ESI have not been met and the request is not certified.

Post Injection Re-Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI 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. 1) Radiculopathy must be documented by

physical examination and corroborated by imaging studies and/or electrodiagnostic testing.2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) for guidance.4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session.7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of cervical radiculopathy however this is not demonstrated by the physical exam included in the documentation for review or corroborated by the included EMG, which was reported as normal. Since the need for epidural steroid injections has not been established, the need for follow up visit for post-injection reevaluation is not warranted. Therefore criteria for ESI have not been met and the request is not certified.