

Case Number:	CM15-0108647		
Date Assigned:	06/15/2015	Date of Injury:	10/31/2012
Decision Date:	07/14/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female, who sustained an industrial injury on 10/31/2012. She reported severe neck and right upper extremity pain and numbness. Treatment to date has included x-rays, MRI, electrodiagnostic studies, neck injection, physical therapy, acupuncture, chiropractic treatment and medications. According to a pain management consultation report dated 04/16/2015, the injured worker complained of pain in the cervical spine, which she rated 3 on a scale of 1-10. Pain was described as sore and burning with spasm on the right side when turning, radiating into the right trapezius, shoulder and shoulder blade. There was associated tenderness and pain on the right elbow, forearm and wrist. There was a pulling sensation when twisting the arm or pulling the arm back. MRI of the cervical spine without contrast performed on 01/04/2013 demonstrated moderate central canal stenosis at C5-C6 due to a 3 millimeter posterior disc protrusion, mild central canal stenosis at C4-C5 due to a 2.5 millimeter posterior disc protrusion, mild discogenic disease at C6-C7 with a 1.6 millimeter generalized disc bulge, mild spondylosis and bilateral severe C5-C6 foraminal stenosis and mild right C4-5 foraminal stenosis. Electrodiagnostic studies performed on 07/17/2014 were normal. Assessment included cervical disc disease, cervical radiculopathy, right lateral epicondylitis, bilateral wrist carpal tunnel syndrome and bilateral wrists tendinitis. The treatment plan included a right C4-C5 and bilateral C5-C6 transfacet epidural steroid injection x 2. The injured worker had radicular symptoms on examination and neuroforaminal stenosis on MRI. She failed conservative treatment including physical therapy, chiropractic treatment, medications, rest and home exercise program of more than 6 weeks over the past 12 months. Tramadol was discontinued and she was

started on Mobic. Norco was increased. Currently under review is the request for 2 right C4-C5 and bilateral C5-C6 transfacet epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Right C4-C5 and bilateral C5-C6 transfacet epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines epidural steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

Decision rationale: The claimant sustained a work injury in October 2012 and continues to be treated for neck pain with upper extremity radicular symptoms. When seen, pain was radiating into the right upper extremity. Physical examination findings included positive Spurling's and compression testing. There was decreased cervical spine range of motion. There was decreased upper extremity strength and sensation with decreased right triceps reflex. An MRI of the cervical spine in January 2013 had included findings of multilevel foraminal stenosis. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the requesting provider documents decreased upper extremity strength and sensation with asymmetric reflexes and positive neural tension signs. Imaging corroborates findings of radiculopathy. The criteria for a single injection are met. However, authorization for two injections is being requested. Criteria for consideration of a repeat epidural steroid injection would be based on objective documented pain and functional improvement. Alternatively, if the interventionalist believed the medication was not well placed a second injection might be indicated. In this case, without knowing the results of a first injection, requesting a second injection was not appropriate or considered as medically necessary.