

Case Number:	CM15-0140855		
Date Assigned:	07/30/2015	Date of Injury:	02/16/2014
Decision Date:	09/02/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 30 year old female sustained an industrial injury to the neck, back and bilateral upper extremities on 2-16-14. Magnetic resonance imaging cervical spine (5-15-15) showed mild degenerative disc disease with mild to moderate bilateral neural foraminal stenosis. Electromyography and nerve conduction velocity test of bilateral upper extremities (9-11-14) was normal. Previous treatment included physical therapy, chiropractic therapy and medications. In the most applicable documentation submitted for review, a PR-2 dated 4-10-15, the injured worker complained of pain to the right shoulder and arm rated 6 to 7 out of 10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to the cervical spine with decreased range of motion, right shoulder with decreased range of motion and positive impingement sign, thoracic spine with tenderness to palpation over bilateral paraspinal musculature with decreased range of motion and numbness in the upper extremity. Current diagnoses included neck musculoskeletal disorder, chest pain, brachial neuritis or radiculitis, thoracic spine pain, and shoulder bursitis. The treatment plan included a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine ESI on 4/23/15 and 4/30/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, under Epidural Steroid Injections.

Decision rationale: The patient presents on 07/27/15 with cervical spine pain rated 8/10 and right shoulder pain rated 9/10. The patient's date of injury is 02/16/14. Patient has no documented surgical history directed at these complaints. The request is for CERVICAL SPINE ESI ON 04/23/15 AND 04/30/15. The RFA was not provided. Physical examination dated 07/27/15 reveals tenderness to palpation of the cervical and thoracic spine regions. Right upper extremity examination reveals numbness in the extremity, positive impingement sign, and reduced range of motion of the joint. The patient's current medication regimen is not provided. Diagnostic imaging included cervical MRI dated 05/15/15, significant findings include: "Mild degenerative disc disease at C3-C4 and C6-C7... C6-C7 mild to moderate left neural foraminal stenosis and mild right neural foraminal stenosis. No evidence of central canal stenosis." An EMG/NCV of the bilateral upper extremities, dated 09/11/14 indicates unremarkable findings. Per 07/27/15 progress note, patient is advised to remain off work until 08/31/15. ODG Neck Chapter, under Epidural Steroid Injections has the following: "Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. These had been recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), with specific criteria for use below. In a previous Cochrane review, there was only one study that reported improvement in pain and function at four weeks and also one year in individuals with radiating chronic neck pain.... Criteria for the use of Epidural steroid injections, therapeutic: 1.) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." In regard to the request for a two injection series of corticosteroids for the cervical spine, the patient does not meet guideline criteria and the provider has specified an excessive course of therapy. While ODG does not generally recommend such injections, in cases where the provider wishes to proceed they require documentation of radiculopathy via MRI or EMG/NCV and physical findings indicative of neurological compromise. In this case, the most recent MRI does show some stenosis at the C6-7 level. However this conflicts with electrodiagnostic studies of the upper extremities, which are unremarkable. As for examination findings, the most recent progress note dated 07/27/15 does show some neurological deficit in the right upper extremity, however it is not clear if these symptoms are the result of impingement at the shoulder, or the result of cervical stenosis - as the numbness is not noted to exist along a clear dermatomal distribution pattern. Additionally, the provider has requested a series of two diagnostic injections to be performed one week apart, without first determining the efficacy of the first injection before considering a second. Owing to a lack of radiculopathy clearly corroborated by imaging/electrodiagnostic studies, a lack of unequivocal evidence of radiculopathy in the upper extremities consistent with a specific dermatomal distribution, and the excessive number of injections to be performed, the

request as written cannot be substantiated. The request IS NOT medically necessary.