

Case Number:	CM15-0141773		
Date Assigned:	07/30/2015	Date of Injury:	01/19/2011
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
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: Emergency Medicine

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 an industrial injury on 1.19.11 as a continuous trauma event involving her neck, wrists, fingers, and shoulders. Of note she was diagnosed with breast cancer in 2012 and had a double mastectomy and radiation. She currently complains of increased burning neck pain; pain over the upper cervical spine; pain in the right greater than left upper extremity; bilateral shoulder, elbow, hand and wrist pain. Her pain level was 6 out of 10 with medications and 9-10 out of 10 without medications. On physical exam there was tenderness from C3-4 and C7-T1, muscle spasms, positive Spurling' son the right, decreased range of motion; upper extremity exam revealed positive Tinel's, tenderness to palpation over the bilateral shoulder, epicondyles with the elbows and wrists; multiple tender points including posterior occipital, cervical spine, bilateral elbows, hips and knees. She has sleep difficulties. She does light housework, shopping, simple meals, driving is a problem due to neck, wrist and hand pain. Medications were Norco, gabapentin, Celebrex, Ketapofen, gabapentin Lidocaine compounded cream, Wellbutrin, Celexa. Medications improve her function increasing her ability to use her upper extremities. Diagnoses include anterocervical discectomy and fusion at C4-7 (1.4.12); status post left carpal tunnel release and left De Quervain release (5.8.15); cervical spondylosis with radiculopathy right upper extremity; bilateral carpal tunnel syndrome; fibromyalgia; anxiety; depression. Treatments to date include medications; wrist brace; physical therapy all without benefit; two cervical epidural steroid injections which provided no benefit (per 6.16.15); acupuncture provided 30% relief; psychological evaluation. Diagnostics include computed tomography of the cervical spine (11.2012) showing degeneration

and moderate stenosis; MRI of the cervical spine showed bulging discs; electrodiagnostic studies were abnormal. In the progress note dated 6.16.15 the treating provider's plan of care includes a request for right C3-4 and C6-7 catheter directed epidural steroid injection under fluoroscopic guidance based on the injured worker's symptoms of right sided neck and upper extremity pain, failure of conservative treatment, physical examination and radiographs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C3-C4, C6-C7 catheter directed ESI under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter (updated 06/25/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck: Epidural steroid injection (ESI).

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. This a requested 3rd ESI with 2 other ESIs done in 2011. Basic requirement for a repeat injection is MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8 weeks. Patient has no documented improvement in pain or benefit therefore additional ESI is not medically necessary. While patient does not meet criteria for recommendation as per MTUS guidelines; as per recent evidence from ODG; FDA and AMA (American Medical Association) do not recommend cervical epidural steroid injection due to lack of benefit and significant risk for adverse events. Therefore the request is not medically necessary.