

Case Number:	CM15-0143114		
Date Assigned:	08/04/2015	Date of Injury:	07/06/2012
Decision Date:	09/01/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/24/2015

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: Preventive Medicine, Occupational 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 35 year old female, who sustained an industrial injury on 7-6-12. She has reported initial complaints of neck, shoulders, forearms, wrists, hands, fingers along with headaches from repetitive work duties. The diagnoses have included neck sprain, herniated cervical disc with radiculitis and radiculopathy, right shoulder tendinitis impingement superior labral tear from anterior to posterior (SLAP), right elbow ulnar nerve entrapment, right wrist strain and sprain internal derangement, right hand tendinitis and carpal tunnel syndrome. Treatment to date has included medications, activity modifications, diagnostics, other modalities and physical therapy. Currently, as per the physician progress note dated 6-10-15, the injured worker complains of pain in the neck with radicular symptoms to the arms and ongoing headaches. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine dated 6-2-14 that reveals minimal dehiscence of the nucleus pulposus with a disc bulge effacing the anterior portion of the cervical subarachnoid space and cervical myositis. The current medications included Norco, Ultram, Anaprox, Prilosec and Ambien. The objective findings reveal that cervical range of motion with flexion is 50 degrees, extension is 50 degrees, rotation right is 65 degrees, rotation left is 65 degrees, lateral bending right is 30 degrees and lateral bending left is 30 degrees. The foraminal compression test is positive and Spurling's test is positive. There is tightness and spasm in the trapezius, sternocleidomastoid and straps muscle on the right and left. The physician requested treatment included Cervical Spine, Epidural Steroid Injections, and C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine, Epidural Steroid Injections, C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing 2) Initially unresponsive to conservative treatment 3) Injections should be performed using fluoroscopy for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block 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 8) No more than 2 ESI injections. In this case, there is no objective documentation of cervical radiculopathy and the injured worker has had inadequate response to conservative treatment, cervical radiculopathy is not corroborated by imaging studies and/or electrodiagnostic testing. The criteria for the use of epidural steroid injections is therefore not met as outlined in the cited. The request for cervical spine, epidural steroid injections, C6-C7 is not medically necessary.