

Case Number:	CM15-0146552		
Date Assigned:	08/07/2015	Date of Injury:	08/20/2010
Decision Date:	09/03/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 63 year old male, who sustained an industrial injury on 8-20-10. He reported injury to his right upper extremity related to a fall. The injured worker was diagnosed as having cervical stenosis and cervical herniated nucleus pulposus. Treatment to date has included acupuncture x 5 sessions with no relief, chiropractic treatments, a cervical epidural injection on 4-3-14 with 50% relief for 4 months, a cervical MRI on 4-30-15, Ibuprofen and Soma. On 4-23-15 the injured worker rated his neck pain a 4-9 out of 10. He had a recent outbreak of shingles which caused lesions on his right hand. He was seen in the emergency department and told the outbreak was most likely caused by stress related to chronic cervical pain. As of the PR2 dated 6-18-15, the injured worker reports left sided neck pain. He rates his pain a 4-9 out of 10. Objective findings include limited cervical range of motion, decreased sensation in the left C6-C8 dermatomes and tenderness to palpation in the cervical facet regions. The treating physician requested a series of cervical epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Series of cervical epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cervical epidural steroid injections (ESIs).

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one series epidural steroid injections are not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. This can be used in people with the development's not recommended, cervical ESI may be supported with the following criteria. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical arthrosis/radiculopathy; trapezial, paracervical and parascapular strain; right forearm tendinitis; status post right ASAD; status post right cubital tunnel release and status post right carpal tunnel release; and right lateral epicondylitis. The date of injury is August 20, 2010. Request authorization is July 13, 2015. The documentation shows the injured worker had a prior cervical epidural steroid injection at C5 - C6 and C6 - C7 on April 3, 2014. There was no change in the neck symptoms pain in the arm is decreased by 50%. There was no time duration for pain relief documented in the record. According to a July 2, 2015 progress note, subjectively the injured worker complained of pain that radiates to the right shoulder and arm. Objectively, there was decreased range of motion with tenderness palpation. There was no neurologic examination in the medical record progress note. There was no objective evidence of cervical radiculopathy. MRI showed multiple areas of nerve compression and stenosis. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. The levels to be injected are not documented/specified in the record. Consequently, absent guideline recommendations for cervical ESI, no objective functional improvement with the prior cervical ESI performed April 3, 2014, no objective evidence of cervical radiculopathy, and no specificity of cervical levels to be injected, one series epidural steroid injections are not medically necessary.