

Case Number:	CM15-0148927		
Date Assigned:	08/12/2015	Date of Injury:	01/26/2012
Decision Date:	09/14/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 57 year old female patient who sustained a work related injury on January 26, 2012. She sustained the injury due to cumulative trauma with pain in the right shoulder, neck, right arm, wrist and hand. Diagnoses are cervical strain; C4-5, C5-6 right disc extrusions; right bilateral tunnel syndrome, status post release. According to a primary treating physician's progress report, dated May 20, 2015, she had complaints of unchanged cervical pain and right upper extremity numbness and paresthesia with complaints radiating into the right upper extremity. The physical examination revealed tenderness of the cervical spine with a diminished range of motion and positive Spurling's maneuver to the right, sensory deficit of the first and second digits of the mid dorsum and volar aspects of the right hand, the Phalen's, Tinel's, and carpal tunnel compression maneuvers unremarkable. The current medications list is not specified in the records provided. Past history included right carpal tunnel release in August 2012. She has had an MRI of the cervical spine dated April 30, 2015 which revealed C5-6 3 mm central to right foraminal disc extrusion with 3 mm inferior migration of disc, ventral impression upon the cord, mild to moderate central canal stenosis; moderate to severe right foraminal stenosis; potential source of right C6 radiculopathy; C4-5 3 mm central disc extrusion with a 4 mm inferior migration of disc, ventral compression of the cord, and mild to moderate central disc protrusion; mild stenosis of the left C2-3 neural foramen and mild to moderate stenosis of the right C3-4 neural foramen; straightening of the mid to upper cervical lordosis with minimal kyphosis centrally at C4-5 level; EMG dated 9/30/2014 which revealed chronic right C7 radiculopathy. She has had physical therapy visits and acupuncture for this injury. Treatment plan included a spine surgery

consultation, and at issue, a request for authorization for a right cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical epidural steroid injection C4-5, C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants. 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." As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Failure to conservative therapy including physical therapy visits and pharmacotherapy (antidepressant or anti-convulsant) is not specified in the records provided. As stated above, ESI alone offers no significant long- term functional benefit. The treatment plan included a spine surgery consultation. Whether the spine surgery consultation was completed or not, and if so, the outcome and recommendations of the spine surgery consultation, was not specified in the records provided. Right cervical epidural steroid injection C4-5, C5-6 is not medically necessary for this patient.