MAXIMUS Federal Services

Case Number:	CM15-0163043		
Date Assigned:	08/31/2015	Date of Injury:	07/12/2010
Decision Date:	10/05/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/19/2015

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:

The injured worker is a 45 year old female, who sustained an industrial injury on 7-12-10. Initial complaints were not reviewed. The injured worker was diagnosed as having long-term use medications; pain in joint shoulder; cervical disc displacement without myelopathy; pain in joint lower leg. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI cervical spine (8-10-15). Currently, the PR-2 notes dated 8-11-15 indicated the injured worker was in the office as a follow-up visit. She presents with chronic neck, right shoulder, right knee and low back pain. She reports she had some improvement since a Medrol Dosepak but continues to have persistent pain radiating from the neck into the right greater than left upper extremity. The pain does radiate down into the right fourth and fifth digits with numbness and tingling. She continues to work but has significant pain and finding it difficult with heavy lifting or repetitive motion at the cervical spine or upper extremities. She reports medications do help reduce some of the pain and allow for better function. The provider documents results of a MR right shoulder without contrast dated 6-5-14 with an impression revealing: 1) cuff tendinopathy with bursal surface fraying, minor bursitis. 2) Glenohumeral capsulitis and given the injured workers limited range of motion this could able an adhesive type capsulitis. A MRI of the right knee dated 5-6-14 is also documented by the provider revealing: 1) significant patellofemoral misalignment and mild extensor mechanism strain. Superolateral Hoffa's fat pad edema may be related to fat pad impingement, which can occur with maltracking. 2) The injured worker has an ACL stress response, and possible old limited partial tear as discussed above. On physical examination, the provider documents she has an antalgic

gait her cervical spine reveals tenderness to palpation over the right sided cervical paraspinous muscles with muscle tension extending into the right-sided parascapular region. Range of motion of the cervical spine is decreased by 10% with flexion 20% with extension and full with rotation bilaterally. Motor strength is 5 out of 5 at the bilateral upper extremities. Sensations were decreased to light touch in a C5 and C6 dermatomal distribution on the left upper extremity compared to the right. Deep tendon reflexes were 2+ and equal at the biceps, triceps and brachioradialis. The injured worker has expressed to the provider she does not want surgery and could like to continue conservative type care. The provider is requesting authorization of 1 cervical epidural injection C4-C5 and C5-C6 to include insertion of catheter (cervical epidurogram, fluoroscopic guidance & IV sedation to be included).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical epidural injection C4-C5 and C5-C6 to include insertion of catheter (cervical epidurogram, fluoroscopic guidance & IV sedation to be included): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

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

Decision rationale: The patient presents on 08/31/15 with neck, right shoulder, right knee, and lower back pain rated 7/10. The patient's date of injury is 07/12/10. Patient has no documented surgical history directed at these complaints. The request is for 1 cervical epidural injection C4-C5 and C5-C6 to include insertion of catheter (cervical epidurogram, fluoroscopic guidance & iv sedation to be included). The RFA was not provided. Physical examination dated 08/31/15 reveals tenderness to palpation over the right sided cervical paraspinal muscles with tension noted to extend into the right parascapular region. The provider notes decreased sensation to light touch in the C5 and C6 dermatomal distributions in the left upper extremity compared with the right. The patient is currently prescribed Capsaicin, Eszopiclone, Norflex, Diclofenac, Naproxen, Norco, and Prilosec. Diagnostic imaging included cervical MRI dated 06/10/15, significant findings include: "C4-5: 2 to 3mm central and right paracentral broad-based disc spur complex flattening the ventral surface of the cord and causing mild spinal canal stenosis with AP diameter of 7mm... C5-6: 3 to 4mm broad-based disc spur complex deforming the ventral surface of the cord and effacing the surrounding CSF... AP diameter of the spinal canal is 5 to 6mm. Moderate right and moderate to severe left foraminal stenosis." Patient is currently working. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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. MTUS Guidelines, Epidural Steroid Injections section, page 46 clearly states: "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In regard to the request for a cervical ESI at C4-5 and C5-6 levels, such injections are not supported per MTUS guidelines. There is no evidence in the records provided that this patient has had any cervical ESI's to date. Progress note dated 08/31/15 includes subjective complaints of radicular pain, as well as examination findings demonstrative of neurological compromise in the upper extremities. A diagnostic MRI dated 06/10/15 also includes evidence of foraminal stenosis and impingement at the requested levels. While this patient presents with chronic cervical pain and associated neurological compromise in the upper extremities, MTUS guidelines clearly state that there is insufficient evidence at this time to support the use of epidural steroid injections for radicular cervical pain. Without such support from guidelines, the request cannot be substantiated. The request IS NOT medically necessary.