

Case Number:	CM15-0166124		
Date Assigned:	09/04/2015	Date of Injury:	09/01/2006
Decision Date:	10/08/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/25/2015

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:

This is a 52 year old female with a September 1, 2006 date of injury. A progress note dated July 14, 2015 documents subjective complaints (bilateral cervical spine pain that radiates upward and downward with movement; neck pain also radiates to the bilateral upper extremities causing decreased range of motion on the left; heaviness, numbness, tingling, and severe stiffness of the bilateral hands, left greater than right; pain rated at a level of 6 out of 10; decreased grasping reflex fewer episodes of migraine headaches; blurred vision and bilateral vision deficit; dizziness; photo-smell-nose sensitivity), objective findings (tenderness in the biceps area of the right shoulder; swelling in the right proximal biceps area; tenderness over the paracervical muscles; decreased sensation to light touch distally in the upper extremity; positive Hawkins; shoulder range of motion limited secondary to pain; decreased strength with internal and external rotation; bilateral trapezius tenderness with axial compression of the spine; tenderness to palpation of the cervical spinous processes; bilateral paracervical muscle spasms; positive Spurling's test; decreased sensation of the left shoulder; tenderness to palpation over the left bicipital groove; swelling in the proximal biceps area; reflexes diminished on the right), and current diagnoses (degeneration of cervical intervertebral disc; cervical disc displacement; cervical radiculitis). Treatments to date have included cervical spine injection with greater than 50-60% relief for greater than twelve months, medications, imaging studies, and diagnostic testing. The treating physician documented a plan of care that included cervical epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective C4-C5 cervical steroid injection with monitored anesthesia care for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with neck pain that radiates to the bilateral upper extremity. The request is for PROSPECTIVE C4-C5 CERVICAL STEROID INJECTION WITH MONITORED ANESTHESIA CARE FOR THE CERVICAL SPINE. The request for authorization is dated 07/28/15. EMG/NCV of the upper extremities, 03/26/13, shows evidence of a moderate left carpal tunnel syndrome affecting sensory components; shows evidence of a mild right carpal tunnel syndrome affecting sensory components. Patient states she had positive relief with prior cervical injection on 11/28/11 had 50-60% relief for 12 months. Physical examination of the neck reveals tenderness over paraspinal muscles. Upper extremity exam shows decreased sensation to light touch distally. Tests positive Hawkin's. Range of motion is limited secondary to pain. Grip strength is 3/5. On axial compression of the spine there is trapezius tenderness bilaterally. Tenderness to palpation is present in the cervical spinous processes. Muscle spasm is present in the paraspinals bilaterally. Spurling's Test is positive for increased pain. Patient's medications include Soma, Norco, and Fioricet with Codeine. MTUS has the following regarding ESI's, under its Chronic pain Section, Page 46, 47: "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. Per progress report dated 07/14/15, treater's reason for the request is "PATIENT HAS SYMPTOMS OF RADICULOPATHY." In this case, patient states she had positive relief with prior cervical injection on 11/28/11 had 50-60% relief for 12 months. MTUS requires documentation of radiculopathy by physical examination and corroborated by imaging studies. Patient continues with neck pain that radiates to the bilateral upper extremity. Physical examination of the neck reveals tenderness over paraspinal muscles. Upper extremity exam shows decreased sensation to light touch distally. Tests positive Hawkin's. Range of motion is limited secondary to pain. Grip strength is 3/5. On axial compression of the spine there is trapezius tenderness bilaterally. Tenderness to palpation is present in the cervical spinous processes. Muscle spasm is present in the paraspinals bilaterally. Spurling's Test is positive for increased pain. However, treater notes, MRI Cervical Spine degenerative disc disease, but no actual study provided for review.

EMG/NCV of the upper extremities, 03/26/13, shows evidence of a moderate left carpal tunnel syndrome affecting sensory components; shows evidence of a mild right carpal tunnel syndrome affecting sensory components. In this case, there is lack of corroborating image studies. Radiculopathy is not documented with dermatomal distribution of pain along with physical examination findings corroborated by imaging studies. Therefore, the request IS NOT medically necessary.