

Case Number:	CM15-0169485		
Date Assigned:	09/10/2015	Date of Injury:	09/24/2014
Decision Date:	10/14/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/28/2015

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

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 50 year old female injured worker suffered an industrial injury on 9-24-2015. The diagnoses included chronic pain, cervical radiculopathy and diabetes. On 7-20-2015 the treating provider reported neck pain that was constant that radiated down the right extremity along with tingling in the right upper extremity to the level of the shoulder down to the level of the elbow, wrist and hand to the fingers. The neck pain had associated headaches. The pain was moderate to severe. The pain was rated 4 out of 10 with medications and 5 out of 10 without medications. On exam there was cervical tenderness with moderately limited range of motion. Prior treatments included cervical epidural steroid injection with myelogram on 5-15-2015. This injection had minimal relief. The diagnostics included cervical magnetic resonance imaging and EMG-NCV of the upper extremities 12-30-2014. The provider reported the injured worker was still within the diagnostic phase of the epidural steroid injections and thus a second procedure was warranted. It is hoped that the procedure repeated as a new level and or different approach will effectively target the suspected pain generator. It was not clear if the injured worker had returned to work. The Utilization Review on 8-24-2015 for the treatment Right C4-6 cervical epidural under fluoroscopy determined it was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-6 cervical epidural under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient was injured on 09/24/14 and presents with neck pain that radiates down the right extremity to the level of the shoulder down to the level of the elbow, wrist, and hand to the fingers. The request is for a right C4-6 cervical epidural under fluoroscopy. The RFA is dated 08/17/15 and the patient is to return to modified work on 07/21/15. The patient had a previous ESI at right C7-T1 on 05/15/15. The 06/08/15 report states that the 'patient reports minimal (5-20%) overall improvement' from this prior ESI. MTUS Guidelines, Epidural Steroid Injections Section, page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... 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." The patient has spinal vertebral tenderness at C5-7, a limited cervical spine range of motion, and sensory examination shows decreased touch sensation in the right upper extremity. She is diagnosed with chronic pain, cervical radiculopathy and diabetes. The 10/31/14 MRI of the cervical spine revealed a central 2.0 mm disc protrusion at C4-5, a broad-based 2.0 mm bulge with minimal thecal sac effacement, and a central 1.5 mm protrusion with minimal thecal sac effacement at C6-7. Although the patient presents with radiculopathy, the provided MRI does not show any pathologies consistent with potential nerve root lesion. In the absence of a clear dermatomal distribution of pain corroborated by imaging, ESI is not indicated. The requested cervical spine epidural steroid injection is not medically reasonable.