

Case Number:	CM15-0181425		
Date Assigned:	09/22/2015	Date of Injury:	05/15/2014
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/15/2015

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 60-year-old male worker with a date of injury 5-15-2014. The medical records indicated the injured worker (IW) was treated for chronic right-sided neck pain and right upper extremity pain; right shoulder pain. In the 8-20-15 progress notes, the IW reported right shoulder and neck pain with numbness in his face, neck and right arm. He complained of dizziness due to medications; this improved from the previous visit, 8-13-15, since he started taking Neurontin only at night. He stopped taking Tylenol #3 due to dizziness and ineffectiveness. He inquired about injections due to his intolerance of the medications. Objective findings on 8-20-15 were stated to be unchanged from the previous visit on 8-13-15; there was limited range of motion of the right shoulder with pain at end range at about 120 degrees flexion. With right rotation of the neck he experienced numbness and tingling to the right side of his neck and face that traveled down into the entire right arm. The IW was on modified duty. Treatments included medications (Neurontin, Amitriptyline and BuTrans patch), which caused drowsiness and, or dizziness, right shoulder injection (beneficial) and physical therapy (right shoulder). MRI of the cervical spine on 4-24-15 showed multilevel disc desiccation and disc protrusions with neuroforaminal narrowing. The patient has had an EMG of upper extremity on 12/19/14 that revealed no right cervical radiculopathy and revealed CTS. A request for authorization was received for transforaminal epidural steroid injections right C3-C4 and C5-C6. The Utilization Review on 9-2-15 non-certified the request for transforaminal epidural steroid injections right C3-C4 and C5-C6 because the documentation did not meet the CA MTUS guideline criteria. The patient sustained the injury when he was working on a trailer to replace drum. The medication list

includes Neurontin, Gralise, Amitriptyline, Ibuprofen and Butrans patch. Per the note dated 9/15/15, the patient had complaints of pain and dizziness from face to right side of head. The physical examination of the cervical spine revealed limited range of motion. Per the note dated 8/20/15 the patient had complaints of pain in neck and right shoulder with numbness in right arm, neck and face. The physical examination of the cervical region revealed limited ROM and numbness and tingling over the face and right arm. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection right C3-C4 and C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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)". The patient has had an EMG of the upper extremity on 12/19/14 that revealed no right cervical radiculopathy. Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records provided. Consistent objective evidence of upper extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, was not specified in the records provided. The patient had received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or a continued home exercise program were not specified in the records provided. 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. The records provided did not specify a plan to continue active treatment programs following the cervical ESI. As stated above, ESI alone offers no significant long-term functional benefit. With this, it is deemed that the request for Transforaminal epidural steroid injection right C3-C4 and C5-C6 is not medically necessary or fully established for this patient.