

Case Number:	CM15-0189497		
Date Assigned:	10/01/2015	Date of Injury:	11/21/2014
Decision Date:	11/16/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/25/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old male who sustained an industrial injury 11-21-14. A review of the medical records reveals the injured worker is undergoing treatment for cervical spondylosis, cervical disc degeneration, right shoulder and right wrist sprain, lumbar sprain, disc degeneration, lumbar spondylosis, right wrist positive ulnar variance and right shoulder narrowing. Medical records (09-02-15) reveal the injured worker complains of intermittent moderate neck pain, right shoulder pain, and low back pain, rated at 5/10. He also reports right hand and wrist pain, rated at 6-7/10. The physical exam (09-02-15) reveals pain and tightness in the cervical spine with diminished and painful range of motion. He is also experiencing neurological deficit as evidenced by numbness and tingling. Prior treatment includes physical therapy, medications, and activity modifications. The treating provider reports the MRI of the cervical spine shows multiple disc protrusions and severe neural foraminal stenosis. The original utilization review (09-18-15) non-certified the request for diagnostic phase cervical epidurals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Phase Cervical Epidurals: Overturned

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: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 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. Per progress report dated 10/2/15, motor evaluation revealed a decrease in the C5 and C6 myotomes on the right. Sensory evaluation revealed a decrease in gross sensory acuity in the C6 dermatome on the right as compared to the left. MRI of the cervical spine dated 7/29/15 revealed: The C2-3 and C3-4 levels are unremarkable. At the C4-C5 level there is disc dehydration, disc osteophyte complex, mild spinal stenosis. Moderate to severe right neural foraminal narrowing and severe left neural foraminal narrowing. At the C5-6 level there is moderate to severe left neural foraminal narrowing. At the C6-7 level there is disc osteophyte complex with mild to moderate spinal stenosis and severe bilateral neural foraminal narrowing. EMG/NCS dated 7/15/15 revealed moderate right carpal tunnel syndrome; moderate right ulnar sensory and motor neuropathy; no evidence of radial neuropathy; no evidence of cervical radiculopathy. There is evidence of radiculopathy from C5-C7. Even though the requested level is not specified, it is an omission that will not change the fact that physical exam findings are corroborated by MRI findings. The UR physician's assertion "physical examination does not show any reflex changes, sensory changes in a dermatomal pattern, and/or motor changes consistent with cervical radiculopathy" is not accurate. The request is medically necessary.