

Case Number:	CM15-0190860		
Date Assigned:	10/05/2015	Date of Injury:	03/05/2014
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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 53 year old male with a date of injury of March 5, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy and arthrosis, bilateral shoulder impingement, trapezial, paracervical, and parascapular strain, bilateral upper extremity overuse tendinitis, and possible bilateral carpal tunnel syndrome. Medical records dated May 14, 2015 indicate that the injured worker complained of pain in the shoulders and hands with occasional numbness in the hands radiating to the shoulders, and tremors in the hands with fine motor activities. A progress note dated September 2, 2015 documented complaints of pain in the shoulders radiating to the arms, pain in the wrists, and numbness in the hands. Per the treating physician (September 2, 2015), the employee had restrictions that included no heavy, repetitive, or forceful use of the hands. The physical exam dated May 14, 2015 reveals slight trapezial, paracervical and parascapular tenderness, positive impingement sign in the bilateral shoulders, equivocal Tinel's sign at the wrists bilaterally, and positive Phalen's test bilaterally. The progress note dated September 2, 2015 documented a physical examination that showed no significant change since the examination performed on May 14, 2015. Treatment has included magnetic resonance imaging of the cervical spine (date not documented) that showed moderate degenerative changes with foraminal narrowing from C3 to C7, topical pain medications, and bilateral wrist splinting. The original utilization review (September 17, 2015) non-certified a request for a cervical epidural steroid injection at C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Neck and Upper Back, Epidural steroid injection (ESI).

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comments on the use of epidural steroid injections as a treatment modality. The following are the MTUS criteria for epidural steroid injections: 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. 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 this case, the records do not support the presence of a radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Without documentation of a radiculopathy there is no justification for the use of an epidural steroid injection to the cervical spine (C5/6). This procedure is not medically necessary based on the above cited MTUS guidelines.