

Case Number:	CM15-0194207		
Date Assigned:	10/08/2015	Date of Injury:	06/09/2011
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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 injured worker is a 56 year old male, who sustained an industrial injury on 6-9-11. The injured worker was diagnosed as having cervical disc disease; cervical disc syndrome; cervical radiculopathy; cervical spinal stenosis. Treatment to date has included cervical epidural steroid injections; medications. Currently, the PR-2 notes dated 7-23-15 indicated the report was for a consultation by a pain management provider. The provider indicated the injured worker developed neck pain, left ear pain and pain down the left upper extremity to the long and right finger. He reports the injured worker has an "ulnar nerve transplant surgery at the left elbow." At the time of his injury he has a "torn rotator cuff" and a few months after his injury developed "migraines" He has had cervical spine injections to relieve his headaches with his last injection in 2013. The provider's physical examination notes "The patient is an alert oriented male in no apparent acute cardiorespiratory distress. Neck no masses were noted and no bruits were heard. Heart: normal sinus rhythm and no murmurs. Lungs: clear to auscultation. Abdomen: soft non-tender, no masses were noted. Neurological examination DTR: biceps 1+ right and left trace. Sensation: decreased left ulnar and radial. UE left 90 degrees and flex left 120 degrees, Right normal." The provider's treatment plan was for the injured worker to return in three months for routine follow-up. "Cervical spine ESI may have had MRI cervical spine but need one before ESI if he did not have one." Other submitted documentation are "Work Status" reports that indicate the injured worker is a status post right cubital tunnel release with cervical spine disc disease. The provider does not submit prior cervical epidural injections procedure notes, dates or benefit or duration of benefit of those injections. The "word status" reports indicated he was

working "full duty". There are no MRI reports. A Request for Authorization is dated 10-1-15. A Utilization Review letter is dated 9-23-15 and non-certification for One (1) cervical epidural steroid injection at C3-C4. A request for authorization has been received for One (1) cervical epidural steroid injection at C3-C4.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical epidural steroid injection at C3-C4: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

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

Decision rationale: The patient presents with pain in the cervical spine, left ear, and the left upper extremity. The request is for One (1) cervical epidural steroid injection at C3-C4. Patient is status post left elbow ulnar transplant surgery, date unspecified. Per 07/23/15 progress report, patient's diagnosis includes cervical degenerative disc disease, cervical disc syndrome, cervical radiculopathy, and cervical spine stenosis. Patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 46, Epidural Steroid Injections (ESIs) section states: "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." The treater has not discussed this request; no RFA was provided either. In progress report dated 07/23/15, the treater states that the patient had cervical spine injections with relief of headaches. However, it is not clear whether the aforementioned injections were epidural steroid injections or not. Per utilization review dated 09/23/15, the patient has had two cervical ESI's in 11/2011 and 01/2012. However, the treater has not documented 50% pain relief, duration of pain relief, and there is no discussion on medication reduction from the previous injections, as required by the guidelines. Although the patient is diagnosed with cervical radiculopathy, no imaging or electrodiagnostics were provided to clearly demonstrate a diagnosis of radiculopathy. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The request does not meet guideline indications. Therefore, the request is not medically necessary.