

Case Number:	CM15-0194682		
Date Assigned:	10/08/2015	Date of Injury:	03/12/2010
Decision Date:	11/23/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/05/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 55 year old female who sustained an industrial injury on 3-12-2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, shoulder pain, carpal tunnel syndrome, cervical disc disorder and lateral epicondylitis. According to the progress report dated 8-28-2015, the injured worker complained of neck and upper back pain. She rated her pain levels as 4 out of 10 with medications and 8 out of 10 without medications which were unchanged since the last visit. Per the treating physician (8-28-2015), the injured worker was not currently working. The physical exam (8-28-2015) revealed restricted range of motion of the cervical spine. Spasm and tenderness were noted on the right side of the cervical paravertebral muscles. Spurling's maneuver caused pain in the muscles of the neck, but no radicular symptoms. Sensory exam revealed decreased light touch sensation over the C5 upper extremity dermatomes on the right side. Motor exam revealed decreased grip strength on the right and decreased wrist extensor's on the right. Treatment has included physical therapy and medications. The progress report dated 8-28-2015 noted that electromyography (EMG)-nerve conduction study (NCS) of the right upper extremity showed chronic right C8-T1 cervical radiculopathy. MRI scan (4-2-2015) shows loss of intervertebral disc space height at C3-4 through C6-7. C4-5 and C5-6 have mild left sided neural foraminal narrowing and at C5-6 "or" right sided neural foraminal narrowing. C6-7 has mild right sided neural foraminal narrowing and a right C7 perineural cyst. The original Utilization Review (UR) (9-9-2015) denied requests for cervical epidural steroid injection and diagnostic cervical medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection to address neck and radiating arm pain: 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: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are recent subjective complaints and physical examination findings supporting a diagnosis of radiculopathy, MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy, and documentation of failed conservative treatment. As such, the currently requested cervical epidural steroid injection is medically necessary.

Diagnostic Cervical Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for cervical medial branch block, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non- radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, the requesting physician has not asked for the number of medial branch levels, which could be clearly beyond the maximum of 2 joint levels recommended by guidelines. Additionally, it is unclear exactly what conservative treatment is been attempted to address the patient's cervical facet joint pain, prior to the requested cervical medial branch blocks. Furthermore, it appears the patient has active symptoms of radiculopathy. Guidelines do not support the use of medial branch blocks in patients with active radiculopathy. In the absence of clarity regarding these issues, the currently requested cervical medial branch block is not medically necessary.