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| Case Number: | CM15-0195052 | | |
| Date Assigned: | 10/08/2015 | Date of Injury: | 06/11/2011 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/15/2015 |
| 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, 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 49 year old, male who sustained a work related injury on 6-11-11. A review of the medical records shows he is being treated for neck pain with radiating symptoms in left arm. Treatments have included physical therapy and medications. In the progress notes, the injured worker reports progressive worsening of the neck pain with radiation down the left arm to the forearm and down to the ulnar hand and finger. In the objective findings dated 8-28-15, he has guarded range of motion in his neck. Motion of neck causes painful symptoms. He has muscle spasms in the neck and left upper shoulder. He has tenderness to palpation of his neck. Spurling test is positive with left arm. Sensation is slightly diminished along the ulnar left hand. MRI of cervical spine dated 9-1-11 reveals "4 mm central-left paracentral disc protrusion at C3-4 with superior migration of disc material. The central canal is patent. There is moderate foraminal narrowing. A 55 mm left posterolateral disc protrusion-spur at C6-7 with severe left foraminal stenosis. There is uncovertebral joint hypertrophy with mild right foraminal narrowing. A 4 mm disc bulge-spur with left paracentral focality at C7-T1. There is mild central canal and foraminal narrowing. There is left lateral recess stenosis." MRI of cervical spine dated 7-8-15 reveals "posterior disc bulges of 3 mm at C3-4, 2 mm at C4-5 and disc osteophyte complexes of 2 to 3 mm at C5-6, 4 to 5 mm at the narrowed C6-7 level and 4 mm at the narrowed C7-T1 level with slight to mild C3-4, C4-5, C6-7 and C7-T1 central canal narrowing as well as slight C5-6 central canal narrowing. C4-5, C5-6 and C6-7 anterior spondylosis deformans." NCV-EMG study dated 9-14-11 revealed "nerve conduction study of left upper extremity revealed a severe sensorimotor median neuropathy across the wrist. Nerve conduction study of the left ulnar nerve revealed a severe ulnar neuropathy across the elbow as well as a

mild-moderate ulnar neuropathy across the wrist. Electromyography of the left upper extremity and cervical paraspinal muscle is without active or chronic denervation potentials to suggest a cervical radiculopathy at this time. However, there were active denervation potentials found in the first dorsal interosseous muscles consistent with findings of severe ulnar neuropathy." He is working. The treatment plan includes awaiting authorization for a cervical epidural steroid injection. In the Utilization Review dated 9-15-15, the requested treatment of a cervical epidural steroid injection is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS 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: 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. MRI of the cervical spine dated 7/8/15 revealed "posterior disc bulges of 3 mm at C3-4, 2 mm at C4-5 and disc osteophyte complexes of 2 to 3 mm at C5-6, 4 to 5 mm at the narrowed C6-7 level and 4 mm at the narrowed C7-T1 level with slight to mild C3-4, C4-5, C6-7 and C7-T1 central canal narrowing as well as slight C5-6 central canal narrowing. C4-5, C5-6 and C6-7 anterior spondylosis deformans." Per progress report dated 6/25/15, sensation was slightly diminished along the ulnar left hand. Deep tendon reflexes were 1+ and symmetric at the biceps, triceps, and brachioradialis. Motor strength was 5/5 in all upper extremity muscle groups. I respectfully disagree with the UR physician's assertion that there was insufficient evidence to make recommendation for ESI to treat radicular cervical pain. The medical records demonstrate radiculopathy. The request is medically necessary.

