

Case Number:	CM15-0197854		
Date Assigned:	10/16/2015	Date of Injury:	02/09/2009
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/08/2015

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 38 year old female, who sustained an industrial injury on 2-9-09. The injured worker is diagnosed with reflex sympathetic dystrophy and migraine, tension type headache. Her work status is total temporary disability. A note dated 8-25-15 reveals the injured worker presented with complaints of headaches described as aching and throbbing. She also reports right upper extremity pain from her shoulder to her hand described as burning and throbbing associated with hypersensitivity to touch, increased sweating of the limb and muscle wasting. A physical examination dated 8-25-15 revealed cervical spine trigger points noted over the upper trapezius muscles and 1+ muscle spasms noted over the upper trapezius muscles on the right. The right upper extremity has limited mobility noted in the wrist, muscle wasting and tenderness to palpation in the "thenar eminence of the right upper extremity" and there is decreased right hand grip strength. Treatment to date has included acupuncture, which is beneficial per note dated 4-8-15, medication and rest. A note dated 6-6-15 states the injured workers activities of daily living have declined; she is unable to grip, grasp, hold and manipulate objects, perform repetitive motions or forceful activities. She reports her sleep is affected. Diagnostic studies to date have included a cervical spine MRI, which reveals degenerative disc disease at C3-C4 and C6-C7, C3-C4 left facet arthropathy, 3 mm C5-C6 central disc protrusion, broad based disc bulge C6-C7 and C7-T1 facet arthropathy and a electrodiagnostic study (2013). A request for authorization dated 9-17-15 for epidural steroid injection at C7-T1 times 1 is denied, per Utilization Review letter dated 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at C7-T1 x1: 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: Based on the 8/25/15 progress report provided by the treating physician, this patient presents with intermittent headaches in a band-like pattern around the head with nausea, aggravated by neck extension/flexion, and right upper extremity pain from shoulder to hand that is constant, with associated hypersensitivity to touch in affected limbs. The treater has asked for EPIDURAL STEROID INJECTION AT C7-T1 X1 on 8/25/15. The patient's diagnoses per request for authorization dated 9/15/15 are reflex sympathetic dystrophy of other specified site. The patient is s/p carpal tunnel and De Quervain's release of unspecified date from 2009 per 4/8/15 report. The patient states that acupuncture, medication and rest have given relief from pain in the past, as well as stellate ganglion blocks which gave 75% reduction of pain per 8/25/15 report. The patient's condition is unchanged since prior visit per 4/8/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Epidural Steroid Injections section, page 46 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. ODG-TWC, Neck and Upper back chapter under Epidural steroid injections (ESIs) state: "Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. These had been recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), with specific criteria for use below. In a previous Cochrane review, there was only one study that reported improvement in pain and function at four weeks and also one year in individuals with radiating chronic neck pain." In this case, the patient has a diagnosis of CRPS Type 1 with ongoing cervical and upper extremity pain. The patient has completed a follow up QME which suggests the patient's symptoms originate from cervical spine. Per requesting 8/25/15 report, the treater states that "there is evidence to suggest the patient may suffer cervical radiculopathy worse at C6-7 on the right. This coincides with the patient's s symptoms. For this reason, I would request authorization for cervical epidural steroid injection to be performed at C7-T1." Per 8/25/15 report, an MRI of cervical spine dated 7/9/15 showed "multi-level degenerative disc disease at C3-4 through C6-7. At C3-4, left facet arthropathy. At C5-6 central disc protrusion measuring 3mm which effaces the ventral CSF column. At C6-7, broad based disc bulge and superimposed right foraminal disc

protrusion measuring 4mm. This causes severe right neural foraminal narrowing. This causes moderate left neural foraminal narrowing. At C7-T1 facet arthropathy noted.” The 8/25/15 progress report documents diminished light touch sensation in C6 on right-sided dermatomal distribution. MTUS requires clear indication of radiculopathy during physical examination along with corroborating diagnostic evidence at the requested level for ESI. However, the recent cervical MRI does not show any pathologies consistent with potential nerve root lesion. Furthermore, ODG does not recommend cervical ESI due to the "serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit." Hence, the request IS NOT medically necessary.