

Case Number:	CM15-0200998		
Date Assigned:	10/16/2015	Date of Injury:	11/21/2011
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 60 year old female, who sustained an industrial injury on 11-21-11. Medical records indicate that the injured worker is undergoing treatment for a cervical sprain-strain, cervical herniated nucleus pulposus, severe cervical paraspinal spasm, cervical radiculitis-radiculopathy of the upper extremities and chronic pain. The injured worker has a history of fibromyalgia. The injured workers current work status was not identified. On (9-9-15) the injured worker complained of headaches with blurry vision and neck pain associated with spasms, numbness and tingling in the arms. The injured worker was noted to have fifty percent improvement after her first cervical epidural steroid injection (8-12-15), with improvement in range of motion, functionality and numbness in the bilateral upper extremities. Examination of the cervical spine revealed loss of normal cervical lordosis and tenderness to palpation over the spinous processes. Increased tone was noted in the right and left trapezius muscles on deep palpation, with severe guarding. The injured workers radiculitis-radiculopathy followed the cervical three through cervical seven dermatomal distributions. Range of motion was decreased in the cervical spine and bilateral upper extremities. Treatment and evaluation to date has included medications, x-rays, MRI of the cervical spine (2014), urine drug screen, cervical epidural steroid injection, physical therapy, chiropractic treatments and a home exercise program. Current medications include Duragesic patches, Gabapentin, Terocin patches and two topical compounds. The current treatment request is for a cervical epidural steroid, at cervical seven-thoracic one with catheter, at cervical three-cervical seven under fluoroscopy. The Utilization Review documentation dated 9-30-15 non-certified the request for a cervical epidural

steroid, at cervical seven-thoracic one with catheter, at cervical three-cervical seven under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection, at C7-T1 (thoracic) with catheter, at C3-C7 under fluoroscopy: Upheld

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: The claimant has a history of a repetitive motion work injury with date of injury in November 2011 and a history of cervical spine surgery and a left carpal tunnel release. Electrodiagnostic testing in October 2014 included findings of bilateral cervical radiculopathy. On 08/12/15 she underwent a cervical epidural injection. In follow-up in September 2015 she reported a 50% improvement after the epidural injection. She had improved range of motion, function, and improvement in bilateral upper extremity numbness and tingling. Physical examination findings were a loss of cervical lordosis. There was increased bilateral trapezius muscle tone with severe myofascial tenderness. She was having radicular symptoms bilaterally. Cervical compression, distraction, Adson's testing was positive. There was decreased cervical spine range of motion. There was limited upper extremity range of motion. Her radicular symptoms / radiculitis were following s dermatomal distribution from C4 to C7 bilaterally. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the second epidural steroid injection was requested, there were no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supported a diagnosis of ongoing radiculopathy. A second epidural steroid injection is not medically necessary.