

Case Number:	CM15-0202125		
Date Assigned:	10/19/2015	Date of Injury:	06/10/2010
Decision Date:	11/25/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/14/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 45 year old, female who sustained a work related injury on 6-10-10. A review of the medical records shows she is being treated for neck pain. In the progress notes dated 7-24-15 and the Comprehensive Pain Management Consultation Report dated 7-29-17, the injured worker reports pain in cervical spine. She describes the pain as stabbing, constant ache, pressure, throbbing and radiating to both shoulders with tingling sensation to the arms and fingers. She rates her pain level a 6 out of 10. On physical exam dated 7-29-15, she has moderate tenderness over the cervical paravertebral muscles extending into the trapezius muscles with spasm. She has facet tenderness at C3 to C7. She has decreased range of motion in cervical spine. She has decreased sensation at the left C5 and bilateral C6 and C7 dermatomes. Provider states the EMG-NCV study done on 11-8-10 revealed "moderate right C6 and mild right C7 radiculopathy." A cervical spine MRi scan done on 6-23-13 revealed "C4-5 - mild disc height loss, uncovertebral and facet degeneration with mild left and moderate right foraminal narrowing. At C5-6, there was moderate disc height loss, uncovertebral and facet degeneration with severe foraminal narrowing which may impinge upon the exiting right C6 nerve root. At C6-7, there was a disc-osteophyte complex, uncovertebral and mild facet degeneration and moderate to severe bilateral foraminal narrowing, which may impinge upon the exiting C7 nerve root." Treatments have included physical therapy, a cervical epidural injection on 9-30-10- immediate relief of radicular symptoms but no pain relief, acupuncture, medications and cervical traction. Current medications include Dulcolax, Norco (allergy), Zantac and Naproxen. She is not working. The treatment plan includes for a right C5-C6 and bilateral C6-C7

transfacet epidural steroid injection, to continue medications and continue cervical traction. In the Utilization Review dated 10-7-15, the requested treatment of a right C5-C6 and bilateral C6-C7 transfacet epidural steroid injections is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5-C6 and bilateral C6-C7 Transfacet Epidural Steroid Injection: 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 Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46 "The purpose of ESI is 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 functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants)." These guidelines regarding epidural steroid injections continue to state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." CA MTUS, Neck and Back Complaints, Initial Care states that "cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Facet injections are not recommended per the Summary of Recommendations table." CA MTUS guidelines state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Therefore, the request is not medically necessary.