

Case Number:	CM15-0203315		
Date Assigned:	10/20/2015	Date of Injury:	10/05/2012
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 49 year old female who sustained an industrial injury on 10-5-12. The medical records indicate that the injured worker is being treated for respiratory exposure; cervicogenic headaches; cervicothoracic strain, rule out C6-7 and C7-8 radiculopathy; mild right C6 radiculopathy; bilateral shoulder strain-sprain with impingement and early frozen shoulder; bilateral elbow medial and lateral epicondylitis; bilateral carpal tunnel syndrome and de Quervain's; bilateral hand strain; lumbar spine sprain-strain; bilateral knee strain and internal derangement; major depressive disorder. She currently (10-2-15) complains of bilateral groin pain with occasional perineal numbness but no urinary incontinence and no palpable bilateral inguinal hernia noted. She had 2 episodes of severe pain radiating to the right or left lower extremity. The 9-14-15 progress note indicates progressive limited range of motion to the neck associated with severe muscle spasms, numbness, weakness and tingling in both upper extremities when carrying objects with a pain level of 8 out of 10. The pain level while trying to perform activities of daily living has progressively increased in the last couple of weeks (per 9-14-15 note). She has sleep difficulties; moderate to severe headaches with blurred vision. On physical exam of the cervical spine, there was pain on palpation from C3-7, increased tone in the right and left trapezius with point tenderness in the form of severe myofascial pain on deep palpation with severe guarding, cervical compression, cervical distraction, Adson tests were positive, decreased range of motion. She has undergone MRI of bilateral shoulder's (9-26-15); ultrasound of the abdomen (9-16-15) normal; upper gastrointestinal series (9-16-15) normal; MRI of cervical spine (10-22-12) showing at C3-4 and C4-5 partial obliteration of the anterior

clear space, no foraminal stenosis; electromyography-nerve conduction study of cervical and upper extremities (12-7-12) showing chronic right C7-8 and chronic left C6 radiculopathy; MRI of left shoulder (11-7-12 and 9-26-15) abnormal; right shoulder MRI (11-21-12 and 9-26-15) abnormal. Treatments to date included bilateral shoulder cortisone injection (9-21-15) with increase in pain; medications: non-steroidal anti-inflammatories, gabapentin (with benefit); physical therapy to bilateral shoulder's and cervical spine which increased pain; physical therapy and acupuncture with limited improvement; chiropractic therapy; home exercise; local injection of cervical spine which did not help (per 6-18-15 note). The request for authorization dated 9-29-15 was for cervical epidural steroid injection at C7-T1 with catheter to C3 through C7. On 10-6-15 utilization Review non-certified the request for cervical epidural steroid injection at C7-T1 with catheter to C3 through C7.

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 with catheter to C3 through C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Cervical epidural steroid injection at C7-T1 with catheter to C3 through C7 is not medically necessary per the MTUS Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physical exam is not clear that there is radiculopathy at the proposed area for injection. The 2012 cervical MRI reveals no evidence of foraminal stenosis that could contribute to radiculopathy at the proposed levels. Furthermore, the electrodiagnostic study revealed that there was a chronic right C7-8 radiculopathy and a chronic left C6 radiculopathy, however this study was performed in 2012 and there are no updated bilateral upper extremity electrodiagnostic studies for review. Additionally, the request does not specify a laterality for this injection.