Case Number:	CM15-0207240		
Date Assigned:	10/26/2015	**Date of Injury:**	10/10/2010
Decision Date:	12/07/2015	**UR Denial Date:**	10/13/2015
Priority:	Standard	**Application Received:**	10/21/2015

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 52-year-old male, with a reported date of injury of 10-10-2010. The diagnoses include cervical spondylosis, cervical disc degenerative disease, and cervical radiculopathy. The medical report dated 09-11-2015 indicates that the injured worker complained of severe bilateral neck pain when he is lying down. It was noted that he was not able to lift his neck up, and had to use his arms to move and turn and around. The injured worker stated that after the cervical facet injections to the bilateral C4-5, C5-6, and C6-7, he had "excellent" pain relief for about one year. The treating physician stated that the injured worker was asymptomatic for over 14 months after the cervical facet injections. It was noted that the injured worker's radicular symptoms had come back. It was noted that an electrodiagnostic study in 07-2015 showed bilateral carpal tunnel syndrome and left cubital tunnel syndrome; an MRI of the cervical spine showed moderately severe foraminal stenosis of right C4-5 and C6-7 and left C5-6; a diagnostic ultrasound of the right shoulder on 03-20-2015 showed acromioclavicular joint arthropathy supraspinatus tendinitis and subacromial bursitis with biceps tendinitis. The treating physician indicated that there was evidence of impingement over the exiting C7 nerve root with the corresponding clinical exam performed on the day of the visit. An examination of the cervical spine showed very severe cervical spine range of motion restriction; trace triceps on the left side; significantly decreased sensation in the C7 dermatomes in the dorsum of the middle finger on the right side and subtle decrease C5 and C6; decreased triceps strength on the right; severely painful right-sided cervical rotation at less than 10 degrees with severe guarding and the left side was 40 degrees; the inability to perform any neck extension with rotation; and Spurling's

caused pain to radiate into the shoulder and forearm. It was noted that the injured worker had complete relapse of right-sided C5 and C7 radiculopathy and a complete relapse of cervical spondylitic facet pain, right worse than left. The diagnostic studies to date have included electrodiagnostic studies of the bilateral upper extremities on 05-27-2015, which showed evidence of bilateral carpal tunnel syndrome and mild left cubital tunnel syndrome. Treatments and evaluation to date have included cervical facet injections to the bilateral C4-5, C5-6, and C6-7, two cervical epidural steroid injections, bilateral carpal tunnel releases, Gabapentin, Cyclobenzaprine, Tramadol, Valium, and Ibuprofen. The treating physician requested a transforaminal epidural steroid injection at right C4-5 and C6-7 under fluoroscopic guidance and conscious sedation. On 10-13-2015, Utilization Review (UR) non-certified the request for a transforaminal epidural steroid injection at right C4-5 and C6-7 under fluoroscopic guidance and conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TFESI Right C4-5 and C6-7 Under Fluoroscopic Guidance and Conscious Sedation: 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.

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." In this case the 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 determination is for non-certification.