

Case Number:	CM15-0207331		
Date Assigned:	10/26/2015	Date of Injury:	06/25/2011
Decision Date:	12/15/2015	UR Denial Date:	09/25/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 41 year old, female who sustained a work related injury on 6-25-11. A review of the medical records shows she is being treated for neck, right shoulder and hand pain. In the progress notes dated 8-10-15 and 9-8-15, the injured worker reports more discomfort in her neck, shoulder and hand. She reports having "paralyzation" with her right hand. On physical exam dated 9-8-15, she has pain with cervical range of motion. Treatments have included physical therapy-unknown number of sessions. Provider states the recent EMG report revealed "no nerve damage other than perhaps compression of the right cubital tunnel." Provider notes the cervical MRI reveals "broad based compression at C5-6 with foraminal stenosis, which is seen the worst at C5-6, which is moderate to severe. She has other broad based bulging discs at C3-4 and C4-5, but no evidence of foraminal stenosis." Current medications include-not listed. She is not working. The treatment plan includes a cervical epidural steroid injection at C5-6. The Request for Authorization dated 9-18-15 has a request for an epidural steroid injection at C5-6. In the Utilization Review dated 9-25-15, the requested treatment of epidural steroid injection at C5-6 under fluoroscopy is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient 1 Visit for ESI at C5-6 Under Fluoroscopy: Overturned

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: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 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. Per the medical records, deep tendon reflexes were hypoactive but equal bilaterally in the biceps, triceps, and brachioradialis tendons. On sensory examination of the upper extremities, there was numbness to sharp stimulation with a pinwheel corresponding to a C6 dermatome distribution on the right. MRI of the cervical spine revealed broad based compression at C5-C6 with foraminal stenosis, which was moderate to severe. I respectfully disagree with the UR physician's assertion that there was no documentation of nerve root compression in the neck per physical exam or electrodiagnostic study, as this is documented, and electrodiagnostic study is not mandated if MRI demonstrates imaging concordant with physical exam, which is the case. The request is medically necessary.