

Case Number:	CM15-0210425		
Date Assigned:	10/30/2015	Date of Injury:	05/13/2011
Decision Date:	12/10/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/26/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on 05-13-2011. She has reported injury to the neck, right upper extremity, left knee, and low back. The diagnoses have included cervical spine sprain-strain, degenerative disc disease, and disc bulges; lumbar spine sprain-strain, left lower extremity radiculitis, and disc protrusion; right shoulder sprain- strain, impingement syndrome; right wrist sprain-strain, carpal tunnel syndrome; status post right carpal tunnel release, on 07-23-2015; right elbow epicondylitis; left knee sprain-strain, internal derangement; and status post left knee arthroscopy, partial medial meniscectomy, partial lateral meniscectomy, extensory synovectomy, and chondroplasty, on 09-29-2015. Treatment to date has included medications, diagnostics, injections, acupuncture, chiropractic therapy, surgical intervention, physical therapy, and home exercise program. Medications have included Tramadol, Naproxen, Fiorinal, Sonata, Ativan, and Prilosec. A progress report from the treating physician, dated 08-31-2015, documented an evaluation with the injured worker. The injured worker reported progressive limited range of motion to the neck associated with severe muscle spasms; the pain is rated at 8 out of 10 most of the time with flare ups reaching level 9 out of 10 at the end of the day or with any moderate activity; frequent moderate to severe headaches with blurred vision requiring pain medication for relief; the cervical pain is also associated with tingling, numbness, and weakness in both upper extremities when carrying objects, wiring, and-or grasping; and the level of pain while attempting to perform daily activities has progressively increased in the last couple of weeks. It is noted that the injured worker has had physical therapy to her neck, "which only provided her with temporary relief." Objective findings included there

is pain with palpation over the spinous process at the level of C4, C5, C6, and C7; there is 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 test, cervical distraction test, and the Adson test are all positive; there is decreased cervical range of motion; there is limited range of motion to the upper extremities; and radiculitis-radiculopathy follows the dermatomal distribution of C4, C5, C6, and C7. The treatment plan has included the request for cervical epidural steroid injection, right C7-T1 (thoracic), with catheter to C4 through C7. The original utilization review, dated 10-05-2015, non-certified the request for cervical epidural steroid injection, right C7-T1 (thoracic), with catheter to C4 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, right C7-T1 (thoracic), with catheter to C4 through C7:
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 California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: 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. 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. The patient has the documentation of neck pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore criteria have not been met and the request is not medically necessary.