

<b>Case Number:</b>	CM15-0214569		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female who sustained an industrial injury 10-07-11. A review of the medical records reveals the injured worker is undergoing treatment for right cubital tunnel syndrome and cervical radiculopathy. Medical records (09-09-15) reveal the injured worker complains of persistent right upper extremity pain and weakness, which is not rated. The physical exam reveals (09-09-15) hyperreflexia on physical examination. Prior treatment includes right cubital release and chiropractic therapy. The original utilization review (10-05-15) non certified the request for a C5-7 translaminar epidural steroid injection with fluoroscopy and sedation, and a pain management consultation of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C6 and C6-C7 translaminar epidural injections with fluoroscopy and 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, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid

injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

**Decision rationale:** The injured worker sustained a work related injury on 10-07-11. The medical records provided indicate the diagnosis of right cubital tunnel syndrome and cervical radiculopathy. Treatments have included right cubital release and chiropractic therapy. The medical records provided for review do not indicate a medical necessity for C5-C6 and C6-C7 translaminar epidural injections with fluoroscopy and sedation. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment ((exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is 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. The MTUS 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. The Official Disability Guidelines, recommends against cervical epidural steroid injections, due to the associated risks, including the risk of death. Therefore, based on fact there is not enough evidence supporting cervical epidural steroid injection, compared with the adverse effects the requested treatment is not medically necessary.

**Consult with pain management specialist for the cervical spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition 2004 page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** The injured worker sustained a work related injury on 10-07-11. The medical records provided indicate the diagnosis of right cubital tunnel syndrome and cervical radiculopathy. Treatments have included right cubital release and chiropractic therapy. The medical records provided for review do indicate a medical necessity for consult with pain management specialist for the cervical spine. The MTUS states that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The medical records indicate there is lack agreement between the provider and insurance company given that all the outline plans by the provider have been denied. Therefore, it is medically necessary for the injured worker to be evaluated by a different physician.