

Case Number:	CM15-0215751		
Date Assigned:	11/05/2015	Date of Injury:	01/28/2013
Decision Date:	12/28/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/03/2015

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 39 year old female, who sustained an industrial injury on 01-28-2013. A review of the medical records indicates that the worker is undergoing treatment for carpal tunnel syndrome unspecified upper limb and pain in right shoulder. Bilateral upper extremity electromyography on 05-29-2014 was noted to show mild carpal tunnel syndrome of the right and left median-ulnar nerve and left median sensory delay when compared to the left ulnar sensory consistent with mild carpal tunnel syndrome. Treatment has included oral and topical pain medication, chiropractic therapy, physical therapy, surgery and acupuncture. The worker was noted to have undergone right shoulder subacromial decompression and rotator cuff debridement on 03-26-2015. Subjective complaints (08-11-2015, 09-08-2015 and 10-06-2015) included neck pain with radicular symptoms into the right upper extremity. Objective findings (08-11-2015, 09-08-2015 and 10-06-2015) revealed tenderness to palpation of the right cervicobrachial region, right cervical paraspinal musculature and right trapezius. The physician noted that neck pain had increased despite improving overall after right shoulder surgery with persistent radicular symptoms in the right upper extremity as well as tenderness to palpation of the right cervicobrachial region. Chiropractic treatment and surgery were noted to have helped with pain but that persistent radicular symptoms remained. The physician noted that an MRI from 09-20-2015 showed anomaly at C5-C6 with minimal retrolisthesis at C4-C5 and canal stenosis at several levels including mild canal stenosis at C3-C4 and C4-C5. The physician noted that he worker was thought to be an excellent candidate for trial of epidural injection. Work status was documented as modified and temporarily totally disabled if modified work

unavailable. A utilization review dated 10-27-2015 non-certified a request for epidural steroid injection with IV sedation, C4-C5, C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection with IV sedation, C4-5, C5-6: 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), Pain - 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 series-of-three injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. MRI of the cervical spine dated 9/28/15 was noted to reveal anomaly at C5-C6 with minimal retrolisthesis at C4-C5. There was canal stenosis at several levels including mild canal stenosis at C3-C4 and C4-C5. Per physical exam, reflexes in biceps, triceps, and brachioradialis were 2+ and symmetrical. Sensory examination in the upper extremities revealed decreased sensation in the median distribution on the left and both ulnar and median distribution on the right. Grip testing showed slight weakness on the right. However, per citation above, no more than one interlaminar level should be injected at one session, as such, medical necessity cannot be affirmed. The request is not medically necessary.