

Case Number:	CM15-0215883		
Date Assigned:	11/05/2015	Date of Injury:	10/15/2013
Decision Date:	12/16/2015	UR Denial Date:	10/07/2015
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, 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 57 year old female, who sustained an industrial injury on 10-15-2013. She has reported injury to the neck and right upper extremity. The diagnoses have included cervical disc protrusion; cervical radiculopathy; and status post right carpal tunnel release, and right elbow synovectomy with lateral release of osteotomy, on 04-03-2015. Treatment to date has included medications, diagnostics, injection, chiropractic therapy, physical therapy, home exercise program, cervical epidural steroid injection, and surgical intervention. Medications have included analgesic creams. A progress report from the treating physician, dated 09-28-2015, documented an evaluation with the injured worker. The injured worker reported right back pain radiating to the right triceps, right forearm, along the ulnar side and to the last two digits; the pain is described as constant, aching, sharp, and tingling; the pain is increases with sitting, standing, walking, and is worse in the morning; the pain is associated with right arm weakness and numbness; the pain is decreased with sleeping at night; and she had a right C6-7 cervical epidural steroid injection under fluoroscopy guidance, on 09-15-2015 and reports of persistent 50% pain relief. Objective findings included she is alert, oriented, and in no acute distress; decreased cervical range of motion; there is moderate focal tenderness to palpation of the cervical facet joints, cervical paraspinal muscles, trapezius muscles, and rhomboid muscles; neck pain is increased with extension and rotation; there is mild-moderate tenderness on palpation of the lower trapezius and rhomboid muscles; right shoulder decreased range of motion; motor exam shows decreased right deltoid and right biceps at 4+ out of 5; and sensory exam is decreased right C6 and C7 dermatomes to pinprick. The provider noted that the cervical

MRI without contrast, referred on 07-02-2015, revealed "C3-4 with 2 mm left side disc protrusion approaching anterior cord; C4-5 and C5-6 not remarkable; and C6-7 with 3 mm left-sided disc protrusion, moderate left anterior cord impingement". The treatment plan has included the request for right C6-7 cervical epidural steroid injection under fluoroscopy with IV sedation. The original utilization review, dated 10-07-2015, non-certified the request for right C6-7 cervical epidural steroid injection under fluoroscopy with IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C6-7 cervical epidural steroid injection under fluoroscopy with IV sedation: 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 www.ncbi.nlm.nih.gov.

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 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 exam notes from 9/15/15 do not demonstrate a radiculopathy that is specific to a dermatome on physical exam. In addition there is lack of evidence of failure of conservative care. And finally 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. Thus the proposed injection is not medically necessary and the determination is for non-certification.