

Case Number:	CM15-0217405		
Date Assigned:	11/09/2015	Date of Injury:	05/23/2014
Decision Date:	12/28/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/04/2015

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 was a 58 year old male, who sustained an industrial injury, May 23, 2014. The injured worker was undergoing treatment for brachial neuritis or radiculitis, tenosynovitis of hand and wrist, lateral epicondylitis and medical epicondylitis. According to progress note of September 30, 2015, the injured worker's chief complaint was pain that starts in the hand and travels up to the shoulder and then bilateral neck with mostly a burning paresthesia. The injured worker reported the pain was 4 out of 10 with pain medication. The injured worker reported the sensation of burning in the hands at times was 7-8 out of 10 but with acupuncture and medications the pain level was brought down to 3-4 out of 10 for a week. The injured worker was working full time. The pain was aggravated by typing all day, writing, moving the neck and typing really fast. The pain was alleviated by rest and not typing. The physical exam noted lordosis of the cervical spine. The range of motion was restricted with flexion of 45 degrees, extension of 50 degrees and right lateral bending of 30 degrees, left lateral bending of 30 degrees, lateral rotation to the left limited to 60 degrees and lateral rotation to the right was 60 degrees. There was tenderness on both sides of C6-C7 spinous process. The injured worker previously received the following treatments Clonazepam, Hydrocodone, Imitrex, Nortriptyline, Tizanidine, 7 out of 8 acupuncture sessions as of September 2, 2015 with benefit, Gabapentin, Ultracet, 10 sessions of physical therapy and home exercise program with benefit. The RFA (request for authorization) dated September 30, 2015; the following treatments were requested C6-C7 transluminal epidural steroid injection under fluoroscopy. The UR (utilization review board) denied certification on October 8, 2015; for a C6-C7 transluminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 TL epidural steroid injection (ESI) under fluroscopy: 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: 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 progress report dated 9/30/15, physical exam noted all upper extremity reflexes were normal and symmetric. Sensory exam revealed normal touch, pain, temperature, deep pressure, vibration, tactile localization and tactile discrimination. MRI of the cervical spine dated 6/3/15 revealed at C6-C7 1-2mm central disc spur complex slightly deforming the thecal sac without any spinal canal stenosis or cord compression. The neural foramina are patent. Above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.