

Case Number:	CM15-0224489		
Date Assigned:	11/20/2015	Date of Injury:	06/04/2010
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This injured worker is a 43 year old female who reported an industrial injury on 6-4-2010. Her diagnoses, and or impressions, were noted to include: brachial neuritis; pain in joint of upper arm-shoulder. No imaging studies were noted. Her treatments were noted to include: cervical epidural steroid injections; medication management; and rest from work. The progress notes of 10-13-2015 reported continued pain in her neck and arms; that she was pending epidurals; and that her nerve studies were authorized but not scheduled. The objective findings were noted to include: decreased and painful cervical range-of-motion, with slight trapezial and para-cervical tenderness, equivocal bilateral Spurling's test; slight bilateral volar forearm tenderness; positive bilateral elbow-cubital tunnel Tinel's sign; and mild right epicondylar tenderness; and that she had had good responses to cervical epidural steroid injections in the past. The physician's request for treatments was noted to include that she had had good responses to cervical epidural steroid injections in the past and these would be repeated, and he will proceed with epidural injections as they were in-line with the spine surgeon's recommendations. The Request for Authorization, dated 10-28-2015, was noted to include repeat cervical epidural steroid injections at cervical 5-6, 6-7. The Utilization Review of 11-5-2015 non-certified the request for cervical 5-6, 6-7 epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI (Epidural Steroid Injection) C5-6/C6-7: Overturned

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 claimant sustained a work injury in June 2010 and is being treated for An MRI of the cervical spine in June 2015 included findings of multilevel disc protrusions. Electrodiagnostic testing in October 2015 showed findings of a right C7 radiculopathy. A right C7 transforaminal epidural steroid injection was recommended. She was seen by the requesting provider on 10/19/15. She was having cervical pain especially on the right side with right shoulder and arm pain with tingling and swelling. A prior cervical epidural steroid injection in March 2014 is referenced as providing 60-70% pain relief lasting for more than 6-7 weeks. Medications were decreasing pain from 8/10 to 3/10. Physical examination findings included decreased active cervical range of motion. There was tenderness at C5/6. Right Hoffmann's testing was positive. There was decreased bilateral upper extremity strength and sensation in dermatomal and myotomal distributions. Right Tinel and Phalen testing was positive and there was grip and finger extension weakness. Authorization for a repeat cervical epidural steroid injection with coding that indicates a single interlaminar epidural steroid injection with fluoroscopic guidance is being requested. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, the requested epidural injection is within applicable guidelines. The claimant has radicular pain with myotomal and dermatomal deficits documented. A single interlaminar epidural steroid injection is being requested to be done with fluoroscopy which is medically necessary.