

Case Number:	CM15-0031755		
Date Assigned:	02/25/2015	Date of Injury:	08/30/2012
Decision Date:	04/10/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/19/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 08/30/2012. He has reported removing a propane tank from a forklift that weighed approximately 70pounds when the tank slipped out of his hands. Upon the injured worker trying to catch the tank he twisted his neck and back. Diagnoses include cervicgia, cervical spondylosis, right shoulder rotator cuff injury, and opioid dependence. Treatment to date has included electromyogram with nerve conduction study, laboratory studies, physical therapy, and use of a transcutaneous electrical nerve stimulation unit, medication regimen, and magnetic resonance imaging of the cervical spine. In a progress note dated 12/15/2014 the treating provider reports complaints of pain to the neck, upper back, right shoulder, right elbow, and right wrist with radiation to the right arm, and pain to the mid to lower back, along with associated symptoms of tingling, numbness, and weakness to the right arm. The pain is rated an eight on a scale of zero to ten and was described as sharp, throbbing, dull, aching, shooting, electric, constant, and severe with pain, pins, and needles to the muscles. The treating physician requested epidural steroid injections, but the documentation provided did not indicate the reason for the requested treatment. On 01/14/2015 Utilization Review non-certified the requested treatment of epidural steroid injection cervical seven to eight, noting the California Medical Treatment Utilization Schedule, page 46, ESI (epidural steroid injection).

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection C7-8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The 1/15/2015 Utilization Review letter states the Epidural steroid injection at C7-8 requested on the 12/15/14 medical report was denied because prior epidural injections failed. According to the 12/15/14 initial pain management report, the patient injured whole spine and right upper extremity. He reports having epidural injections with no pain relief. Exam shows decreased sensation to pinprick and light touch over right C5, C6 and C7 dermatomes. The EMG/NCS from 12/19/12 did not meet the criteria for right C6/7 radiculopathy. It did show evidence of sensory and motor demyelinating peripheral polyneuropathy of the upper limbs. MRI from 11/21/12 was reported to show impingement of both C6 roots and right C7 nerve root. The physician requests cervical epidural steroid injections at C7-8 utilizing an intralaminar approach under direct fluoroscopic guidance. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46 states these are Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The MTUS Criteria for the use of Epidural steroid injections states: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; and 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) The MTUS criteria for repeat epidural steroid injections have not been met. The exam findings are reported to show findings in the C5, C6, and C7 distribution on the right. The MRI did not show C5 impingement, but did suggest C6 bilaterally and C7 on the right. The EMG/NCV did not document radiculopathy, but suggested peripheral polyneuropathy. Furthermore, the patient reports failed prior epidural injections, and MTUS requires at least 50% pain relief lasting 6-8 weeks, with functional improvement and reduction in medications for repeat procedures. Therefore, the request for Epidural steroid injection at C7-8 IS NOT medically necessary.