

Case Number:	CM15-0099837		
Date Assigned:	06/02/2015	Date of Injury:	05/01/2000
Decision Date:	11/10/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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: Preventive Medicine, Occupational Medicine

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 is a 51 year old female with a date of injury on 5-1-2000. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, cervical spondylosis, carpal tunnel syndrome, hand pain and spinal-lumbar degenerative disc disease. According to the progress report dated 5-6-2015, the injured worker complained of neck pain radiating down the posterior arm and the forearm, including digits #2 and #3. She reported that neck pain radiated to the bilateral shoulders and upper back with numbness and tingling to the right arm. Pain had increased since the last visit. She rated her pain with medications as 8 out of 10 and without medications as 10 out of 10. The physical exam (5-6-2015) revealed restricted range of motion of the cervical spine. Exam of the cervical paravertebral muscles revealed tenderness and trigger point on the right side. Spurling's maneuver caused pain in the muscles of the neck radiating to the right upper extremity. Treatment has included chiropractic treatment (8 current visits as per 5-6-2015), physical therapy, acupuncture, cervical epidural steroid injection (2001 with mild relief) and medications. Current medications (5-6-2015) included Ultracet, Zorvolex, Lidocaine patches and Tylenol. The original Utilization Review (UR) (5-11-2015) denied a request for a cervical epidural injection for C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Epidural Injection for C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 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. 8) No more than 2 ESI injections. Although there is a subjective complaint of radiculopathy, the injured worker has not had an inadequate response to conservative treatment at this point and is currently undergoing chiropractic treatment. Additionally, cervical radiculopathy is not corroborated by imaging studies and/or electrodiagnostic testing. The criteria for the use of epidural steroid injections is therefore not met as outlined in the cited guidelines. The request for 1 cervical epidural injection for C7-T1 is determined to not be medically necessary.