

Case Number:	CM15-0238639		
Date Assigned:	12/15/2015	Date of Injury:	05/21/2007
Decision Date:	01/22/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	12/07/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 56 year old female patient who reported an industrial injury on 5-21-2007. She sustained the injury due to cumulative trauma. The diagnoses include cervicgia; chronic pain syndrome; cervical spondylosis without myelopathy or radiculopathy; and cervical disc disorder with radiculopathy, cervicothoracic region; and status-post cervical "ACDF". Per the progress notes dated 11-2-2015 she had progressively worsening left neck pain, with stiffness and spasms which increased with movement; occipital headaches; pain that radiated down the left, predominant, arm-forearm-palm, with tingling- numbness-weakness; that her worst pain was rated 10 out of 10, her least pain was rated 3 out of 10, and her usual pain was rated 8 out of 10, and that it was present most of the time, worsened with movement and activity, and interfered with her sleep; and that she hoped to get off, or reduce, her medication use, sleep better, and to avoid additional surgeries. The objective findings revealed moderate discomfort with noted pain behavior; occipital and sub-occipital tenderness, left > right, with restricted and painful neck range-of-motion; tenderness over the mid-left cervical with positive left facet loading and restricted-painful range-of-motion; and weakness with interossei muscles on the left and with left finger flexion. The medications list includes percocet, cymbalta, baclofen, gabapentin and estradiol. She had MRI of the cervical spine dated 8-14-2015, which revealed a left > right annular bulge and fusion with hardware; and a computed tomography of the cervical spine on 9-18-2015, which revealed a complete cervical fusion and minimal scoliosis; and electrodiagnostic studies of the bilateral upper extremities dated 8/27/2015, which revealed right carpal tunnel syndrome without evidence of cervical radiculopathy. Her treatments were noted to include: left

carpal tunnel release (2009 & 2013); ulnar nerve repositioning (2011 & 2013); anterior cervical fusion (2013); injection therapy; physical therapy; acupuncture therapy; massage therapy; and medication management. The physician's requests for treatment were noted to include seeking authorization for cervical epidural steroid injection cervical 7-thoracic 1 interspace, under fluoroscopy guidance, as a diagnostic and therapeutic injection. The Utilization Review of 11-9-2015 non-certified the request for an outpatient epidural steroid injection at levels cervical 7 - thoracic 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cervical epidural steroid injection at C7-T1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation.

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

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program". Per the cited guideline criteria for ESI are "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)." She had electrodiagnostic studies of the bilateral upper extremities dated 8/27/2015, which revealed right carpal tunnel syndrome without evidence of radiculopathy. Therefore the electro-diagnostic study did not show evidence of radiculopathy. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. As stated above, ESI alone offers no significant long-term functional benefit. The request of Outpatient cervical epidural steroid injection at C7-T1 is not medically necessary for this patient.