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| Case Number: | CM14-0124707 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 05/09/2011 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 08/06/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old patient who sustained an industrial injury on 01/14/2011 secondary to repetitive use of the arms. Diagnoses include cervical pain, shoulder pain, and cervical radiculopathy. Previous treatment has included physical therapy, oral medications, right shoulder surgery on 04/24/13, and diagnostic workup with magnetic resonance imaging (MRI) and Electromyography/Nerve Conduction Study (EMG/NCS). Electrodiagnostic studies and nerve conduction studies performed on 11/20/12 were within normal limits. No evidence of radiculopathy. MRI of the cervical spine dated 06/25/14 revealed multilevel spondylosis, loss of lordosis, and annular fissuring in the mid to lower cervical spine. There are disc osteophytes at C3-4 through C5-6 levels with no greater than moderate narrowing of central canal. Uncinate joint degenerative joint disease as shown at multiple levels, associated with a moderately severe narrowing of the right neural foraminal outlet at C5-6. A request for cervical epidural steroid injection at C7-T1 under fluoroscopic guidance was non-certified a utilization review on 07/16/14. The reviewing physician noted that with changes seen on most recent MRI the request for x-ray of the cervical spine with lateral flexion and extension views were considered medically necessary and appropriate. However no, was made pertaining to whether or not sensory changes are new and there was no correlation with the recent electromyogram (EMG) study. Progress note dated 07/02/14 revealed the patient reporting pain level was decreased since last visit. Her activity level was decreased. She indicated no change in symptoms. Current medications included Prilosec 20 mg once daily, Nabumetone 750 mg once daily as needed, Neurontin 100 mg 3 times daily and Skelaxin 800 mg 1/2-1 tablet twice daily as needed. Physical examination revealed reduced range of motion to the cervical spine with paravertebral muscle hypertonicity and tenderness. There is spinous process tenderness at C6 and C7 as well as tenderness noted at the paracervical muscles, rhomboids, and trapezius. Spurling's maneuver

causes pain in the muscles of the neck radiating to the upper extremity. Biceps reflexes 1/4 on the right and 2/4 on the left. Triceps reflexes 1/4 on the right and 2/4 on the left. Brachial radialis reflexes 1/4 on the right and 2/4 on the left. Right shoulder examination revealed limited range of motion secondary to pain. There was a positive Hawkins test, positive empty cans test, and positive liftoff test. There was tenderness noted at the acromioclavicular joint, biceps groove, cricoid process, glenohumeral joint and subdeltoid bursa. There was tenderness to palpation noted over the lateral epicondyles. Motor strength was mildly reduced at 5-/5 throughout the right upper extremity. Sensation was decreased on the right over the C8-T1 distribution as well as fourth and fifth digits compared to the left. Patient reported hypoesthesia to touch at the C6-T1 distribution on physical exam on the right. Sensation to pinprick was decreased over the C8-T1 starting from the fingertip of the fifth digit up to the proximal medial forearm 4 cm distal to the elbow approximately on the right side. Dysesthesia was present over the ring finger, little finger and medial forearm on the right side. The patient was scheduled for bilateral electromyogram and nerve conduction studies for 7/10/14 and a request was placed for a cervical epidural steroid injection to be done at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injections at C7-T1 under Fluoroscopic Guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The CA MTUS guidelines note that epidural injections can be considered when there is documentation of objective radiculopathy on physical examination, corroborating with diagnostic imaging studies and/or electrodiagnostic testing, and failure of conservative measures. In this case, there are no objective findings on examination indicative of radiculopathy. There are noted deficits with strength, sensation, and reflexes in the right upper extremity, yet the patient has history of right shoulder surgery, and findings are not described in a specific dermatomal/myotomic distribution. Electrodiagnostic study and nerve conduction study was performed and was reported to be within normal limits, indicating no signs of radiculopathy. Additionally, the requested injection does not specify specific location of the injection requested (left, right, bilateral), nor is the specific approach to be used specified in the request (transforaminal versus interlaminar). Based on all of the above, the request for Cervical Epidural Steroid Injections at C7-T1 under Fluoroscopic Guidance is not medically necessary.