

Case Number:	CM14-0144865		
Date Assigned:	09/12/2014	Date of Injury:	05/29/2012
Decision Date:	10/30/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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 Interventional Spine 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:

The patient is a 51 year old male with an injury date of 05/29/12. Based on the 07/31/14 progress report provided by [REDACTED] the patient complains of neck pain rated 5-6/10 that radiates to this bilateral upper extremities. Physical examination to the cervical spine reveals decreased range of motion in all planes limited by pain. Sensation is decreased in the right C6, C7 and C8 dermatomes. He had a TFESI targeting C5-6, C6-7, C7-T1 on 07/24/14. He has experienced a decrease in pain since procedure. The injection helped his pain for around 3 days, mainly neck. Per treater report dated 07/31/14, the epidural injection will help patient avoid multilevel cervical fusion surgery. Patient was prescribed a decrease in Norco and Voltaren. EMG of the upper extremities dated 06/15/12 - shows chronic right C5, C6, C7, and C8 radiculopathies- moderate right ulnar neuropathy at the wrist and elbow- mild right carpal tunnel syndrome MRI of the cervical spine dated 05/17/13- post operative degenerative disc disease and facet arthropathy and with retrolisthesis C3-C4, C4-C5, C5-C6, C6-C7 and anterolisthesis C2-C3 with degenerative disc disease and focal protrusions noted at T1-T2, T2-T3 and T3-T4.- Canal stenosis C3-C4 moderate, C4-C5 mild left, C4-C5 severe right, mild left C5-C6, C6-C7, and C7-T1 severe bilateral neural foraminal narrowing Diagnosis 07/31/14- status post cervical laminectomy 07/26/12- right C5, C6, C7, and C8 radiculopathy, per EMG 06/15/12- HNP of cervical spine- bilateral shoulder rotator cuff tears- bilateral facet arthropathy- bilateral knee arthralgia- multilevel bilateral cervical neural foraminal narrowing moderate-to-severe in nature- cervical canal stenosis at C3-C4 and C4-C5- multilevel cervical DDD with facet arthropathy multilevel. [REDACTED] is requesting Decision for Transforaminal cervical ESI (Epidural steroid Injection) from C5-T1. The utilization review determination being challenged is dated 08/26/14. The rationale is: "failure of similar procedure to produce subjective or

objective improvements beyond 3 day period, and pending EMG for radiculopathy, medical necessity is not demonstrated..." [REDACTED] is the requesting provider, and he provided treatment reports from 04/29/14 - 08/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal cervical ESI (Epidural Steroid Injection) from C5-T1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Cervical and Thoracic Spine Disorders: Epidural Steroid Injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: The patient presents with neck pain rated 5-6/10 that radiates to this bilateral upper extremities. The request is for Decision for Transforaminal cervical ESI (Epidural steroid Injection) from C5-T1. He is status post cervical laminectomy 07/26/12. His diagnosis dated 07/31/14 includes right C5, C6, C7, and C8 radiculopathy, per EMG 06/15/12. MTUS pages 46, 47 states: "Epidural steroid injections (ESIs): "Criteria for the use of Epidural steroid injections: - Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.- 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. - Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." Per progress report 07/31/14, patient had a TFESI targeting C5-6, C6-7, C7-T1 on 07/24/14. He has experienced a decrease in pain since procedure, which helped his pain for around 3 days. Treater has documented patient's radiculopathy with both MRI and EMG studies. Patient was prescribed a decrease in Norco and Voltaren; however relief from pain due to previous procedure only lasted 3 days. Furthermore, guidelines do not support "series-of-three" injections. The request does not meet MTUS criteria. The request is not medically necessary.