

Case Number:	CM14-0192515		
Date Assigned:	11/26/2014	Date of Injury:	01/22/2013
Decision Date:	01/12/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 52-year old female who was injured on 1/22/2013. She was diagnosed with cervical degenerative disc disease and cervical radiculopathy. She was treated with medications, physical therapy, and cervical traction. MRI of the cervical spine showed moderate compression of the thecal sac of the left C7 nerve root. EMG results from 11/21/13 suggested mild left carpal tunnel syndrome and moderate right carpal tunnel syndrome, but no evidence of cervical radiculopathy. Later, on 9/15/14, the worker was seen by her treating physician reporting neck pain with radiation to her left arm. Physical findings included, "loss of sensation and motor and sensory deficits in upper extremities bilateral with right worse than left." Later, the worker was recommended an epidural injection at the left C6-7 side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (ESI) on the left side C6 - C7: 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 Epidural steroid injections Page(s): 46.

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, 2. initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), and 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 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, and 8. Current research does not support a series-of-three" injections in either the diagnostic or therapeutic phase and instead only up to 2 injections are recommended. In the case of this worker, although there was some evidence of potential impingement of the C7 nerve root on the left from MRI, EMG findings suggested no cervical radiculopathy at all. Physical examination findings were documented suggesting numbness of the upper extremities; however, the symptoms were worse on the right than left, bringing doubt to the accurateness of the physical examination findings. Due to objective evidence from physical examination and testing not coinciding, the likelihood of the workers' symptoms coming from her cervical spine is low, which therefore, would suggest that an epidural injection would not be appropriate or medically necessary.