

Case Number:	CM14-0210699		
Date Assigned:	12/23/2014	Date of Injury:	08/01/1993
Decision Date:	02/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Physical Medicine & Rehabn

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 53 year old male with an injury date of 08/01/93. Based on the 08/29/14 progress report, the patient complains of increased pain in his neck with radicular symptoms to both upper extremities. He rates his pain as a 6/10 and continues to have headaches. The 09/29/14 report indicates that "He is having difficulty with his functional activities such as being able to drive a car and look at the rear-view mirror. He does have electrodiagnostic findings consistent with bilateral carpal tunnel syndrome along with bilateral ulnar nerve entrapment at the elbow." He has numbness in both hands and occasionally wakes up with burning sensation in his hands. The patient also has left ankle pain. The 10/30/14 report states that the patient has an altered gait, ongoing knee pain, and a current flare-up of his low back pain. He continues to have increased pain in his neck with radicular symptoms to both upper extremities and rates it has an 8/10. Examination of the cervical spine reveals tenderness to palpation along the posterior cervical musculature bilaterally with decreased range of motion. Extension is limited to 20 degrees and he has significant muscle rigidity along the cervical musculature, upper trapezius, and medial scapular regions. Examination of the bilateral upper extremities reveals decreased sensation with Wartenberg pinwheel along the lateral arm and forearm bilaterally. The patient has Tinel's along the ulnar groove bilaterally as well as along the left wrist. He has diffuse muscle atrophy along the thenar and hypothenar muscles bilaterally. There is profound loss of sensation in the ulnar nerve distribution from the wrist proximal and distal. The patient's diagnoses include the following: Cervical degenerative disc disease with facet arthropathy and bilateral upper extremity radiculopathy Thoracic spine sprain/strain syndrome with spondylolisthesis at T9-10 Lumbar

degenerative disc disease with facet arthropathy and foraminal narrowing and associated bilateral lower extremity radiculopathy Bilateral peroneal neuropathy Bilateral knee internal derangement, right greater than left Left ankle traumatic arthritis Reactionary depression/anxiety Medication induced gastritis Non-insulin dependent diabetes mellitus Bilateral ulnar nerve entrapment Medication-induced gastritis The utilization review determination being challenged is dated 11/14/14. Treatment reports are provided from 01/16/14- 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Midline C5-C6 epidural steroid injection with fluoroscopically guided catheter: Overturned

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

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

Decision rationale: The patient presents with increased pain in his neck with radicular symptoms to both upper extremities, numbness in both hands, left ankle pain, ongoing knee pain, and a current flare-up of his low back pain. The request is for a Midline C5-C6 epidural steroid injection with fluoroscopically guided catheter. The utilization review determination rationale is that "there is no indication of the failure of a recent trial of conservative care or the patient's plan to participate in more active therapies in conjunction with the injection." In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "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." Examination of the cervical spine reveals tenderness to palpation along the posterior cervical musculature bilaterally with decreased range of motion. Extension is limited to 20 degrees and he has significant muscle rigidity along the cervical musculature, upper trapezius, and medial scapular regions. He has numbness in both hands and occasionally wakes up with burning sensation in his hands. Examination of the bilateral upper extremities reveals decreased sensation along the lateral arm and forearm bilaterally. The 08/03/10 MRI of the cervical spine revealed a 3-mm posterior disc protrusion at C5-6. He had his last ESI (no level indicated) on 01/30/14 "which provided at least 60% relief to his neck pain, radicular symptoms as well as headache symptoms lasting a good three-and-a half months. He noted improved mobility in his neck as well as able to sleep better at night." The 10/30/14 report indicates that the patient was able to "take less medications for the neck" after the prior ESI. MTUS requires at "least 50% pain relief with associated reduction of medication use for six to eight weeks," for repeat blocks. Since the patient continues to have neck pain with radicular symptoms to both upper extremities, numbness in both hands, and had benefit from the prior cervical epidural steroid injection, a repeat cervical epidural injection appears reasonable. The requested C5-C6 epidural steroid injection is medically necessary.