

Case Number:	CM14-0210912		
Date Assigned:	12/23/2014	Date of Injury:	07/29/2008
Decision Date:	02/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/15/2014

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 63 year old female with an injury date of 07/29/08. Based on the 06/12/14 progress report, the patient complains of left neck pain and upper trapezius pain with occasional radiation down the left arm. She rates her pain as a 5-6/10. The 10/02/14 report indicates that the patient has a limited cervical spine range of motion in all planes, moderate left upper trapezius tenderness to palpation with trigger points noted, diminished hand grip left hand compared to the right, and diminished pinprick sensation on digits 1, 2, and 3 of both hands. The 10/28/14 report states that the patient has increased spasms and her function has declined. "The pain is rated a 10/10 which is intolerable. She admits to having increased anxiety because of the pain." The patient's diagnoses include the following: 1. Chronic neck pain 2. Cervical degenerative disc disease 3. Myofascial pain syndrome 4. Bilateral carpal tunnel syndrome The utilization review determination being challenged is dated 11/11/14. Treatment reports are provided from 04/17/14-10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Overturned

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

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

Decision rationale: The patient presents with left neck pain and upper trapezius pain with radiation down the left arm. The request is for a CERVICAL EPIDURAL STEROID INJECTION at the C7-T1 level. The utilization review denial rationale is that "MRI showed pathology at C6-7 and C4-C5. There is no evidence of radiculopathy on the physical examination. However, the provider is requesting the ESI to be done at C7-T1...the level where the ESI will be done and the MRI findings did not correlate." The 11/06/12 MRI of the cervical spine revealed moderate broad based left sided disc protrusion C6-7 with left C7 nerve compression, milder central canal stenosis C4-5 with bilateral foraminal narrowing, and left C5 nerve is compressed. 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." The patient has increased spasms, a decline in function, a limited cervical spine range of motion in all planes, moderate left upper trapezius tenderness to palpation with trigger points noted, diminished hand grip left hand compared to the right, and diminished pinprick sensation on digits 1, 2, and 3 of both hands. The patient does have a moderate broad based left sided disc protrusion C6-7 with left C7 nerve compression. The patient had a prior cervical epidural steroid injection (level not indicated) on 12/16/13 and "reports that her neck pain was reduced by about 60-70%. The injection is still effective. Since the injection she is better able to tolerate her daily activities with less medication, and she is trying to go to yoga classes." 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 left neck pain and upper trapezius pain with radiation down the left arm and had benefit from the prior cervical epidural steroid injection, a repeat cervical epidural injection appears reasonable. The requested cervical epidural steroid injection IS medically necessary.