

Case Number:	CM14-0211194		
Date Assigned:	12/24/2014	Date of Injury:	05/15/2008
Decision Date:	02/27/2015	UR Denial Date:	11/13/2014
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 patient is a 60 year old employee with date of injury of 5/15/08. Medical records indicate the patient is undergoing treatment for cervical radiculopathy and disc displacement. The patient has right carpal tunnel and cubital tunnel syndrome; left wrist volar ganglion cyst; lumbosacral strain/arthrosis/discopathy at L4-5 and L5-S1. The patient has other psychiatric diagnoses. Subjective complaints include neck pain that increases with stiffness and limited range of motion (ROM) with secondary headaches. Her neck pain radiates to the right upper extremity and her low back pain radiates to her bilateral lower extremities. Objective findings include on exam: cervical spine has positive Suprling's and forminal compression tests, bilaterally. An exam of the right upper extremity reveals a positive elbow flexion test and a positive Tinel's. There is pain in the right wrist with positive Tinel's and Phalen's. There is a ganglion cyst present on the left volar wrist. Treatment has consisted of home exercise, Hydrocodone, Tizanidine, therapy to cervical and lumbar spine, acupuncture, prior ESI's and (need authorization) for right cubital tunnel release surgery. The utilization review determination was rendered on 11/13/14 recommending non-certification of a cervical epidural steroid injection at C4-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C4-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs).

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program There were no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) 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. The medical documents provided did document a positive Spurling test; however, there is no motor, sensory or reflex exam in the most recent report to suggest radiculopathy. Guidelines state that examinations must produce objective findings of radiculopathy and must be corroborated by imaging studies or electrodiagnostic testing. Medical documentation also notes that the patient has received several ESI's in the past but does not detail the outcomes of those injections. As such, the request for Cervical epidural steroid injection at C4-6 is not medically necessary.