

Case Number:	CM14-0212445		
Date Assigned:	01/02/2015	Date of Injury:	05/02/2013
Decision Date:	02/28/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/18/2014

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: Internal Medicine

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 an injured worker with a history of cervical spondylosis, cervical stenosis, and carpal tunnel syndrome. Date of injury was May 2, 2013. The primary treating physician's progress report dated November 18, 2014 documented that the patient has continued attending physical therapy for carpal tunnel. He has found less frequent flare-ups of his hand pain with these sessions, as well as less intense flare-ups. He has been using his wrist splints at night and does find that these are helping as well. He rates his pain at 1-2/10. He has been using Ibuprofen. He found that physical therapy for his neck only aggravated his pain. He reports that Zanaflex is not affecting his symptoms, and he requests a different muscle relaxant. Physical examination revealed a well-developed well-nourished male. He is pleasant and cooperative. He is in no acute distress. Cervical spine inspection was negative for tenderness, kyphosis, or previous incisions. Cervical spine demonstrated full range of motion including flexion, extension, and rotation. Neural foraminal compression test is negative bilaterally. Full muscle strength in the bilateral upper extremities was noted. Intact pinprick sensation in all upper extremity dermatomes was noted. Phalen of bilateral wrist was negative. Tinel of bilateral wrist was negative. Tinel of bilateral elbow was positive. Biceps, triceps, brachioradialis reflexes were 2/4 bilaterally. Hoffman's sign was absent. Normal walking gait was noted. MRI magnetic resonance imaging of the cervical spine 4/27/13 revealed multi-level cervical spondylosis C4-5, C5-6 disc protrusions with straightening of the cervical spine and loss of the normal cervical lordosis. At the C4-5 level there is moderate central canal stenosis with compression of the anterior thecal sac. Electromyography (EMG) and nerve conduction velocity (NCV) dated 10/15/2013 reveals no

evidence of cervical radiculopathy. There is severe right and moderate-severe left median neuropathy at the carpal tunnel. Diagnoses were cervical spondylosis, cervical stenosis, and carpal tunnel syndrome bilaterally. Patient had complaints of neck pain and bilateral hand numbness. His main complaints are of hand numbness at this time. He has EMG/NCV evidence of moderate to severe carpal tunnel syndrome bilaterally. He had physical and chiropractic therapy. Treatment plan was documented. He was provided with a prescription for Ibuprofen and Flexeril. Bilateral carpal tunnel injections was recommended. A trial of cervical ESI epidural steroid injection was requested.

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 C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50, 56, 78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181-183, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injection (ESI). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8, Neck and Upper Back Complaints states that "cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise." Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) states that "epidural steroid injections (ESI) are an option for radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The American Academy of Neurology recently concluded that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. The primary treating physician's progress report dated November 18, 2014 documented that the electromyography (EMG) and nerve conduction velocity (NCV) dated 10/15/2013 revealed no evidence of cervical radiculopathy. Cervical spine inspection was negative for tenderness, kyphosis, or previous incisions. The cervical spine demonstrated full range of motion including flexion, extension, and rotation. Neural foraminal compression test is negative bilaterally. Full muscle strength in the bilateral upper extremities was noted. Intact pinprick sensation in all upper extremity dermatomes was noted. No evidence of radiculopathy was exhibited on physical examination. Because there was no evidence of cervical radiculopathy on physical examination or electrodiagnostic testing, the request for cervical ESI epidural steroid injection is not supported by MTUS guidelines. Therefore, the request for Cervical Epidural Steroid Injection at C4-5 is not medically necessary.