

Case Number:	CM15-0110520		
Date Assigned:	06/17/2015	Date of Injury:	03/09/2012
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/08/2015

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: Family Practice

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 injured worker is a 52-year-old male who sustained a cumulative industrial injury on 03/09/2012. The injured worker was diagnosed with cervical spine sprain/strain and degenerative disc disease, lumbar spine sprain/strain and degenerative disc disease, shoulder sprain/strain, carpal tunnel syndrome, anxiety and depression. The injured worker also has a history of hypertension, gastroesophageal reflux disorder (GERD) and diabetes mellitus. The injured worker underwent a right carpal tunnel release in March 2015. Treatment to date has included diagnostic testing, acupuncture therapy, physical therapy, and psychological evaluation and counseling, psychiatric evaluation and pharmacological treatment, chiropractic therapy, lumbar interlaminar epidural steroid injection on March 5, 2015, home exercise program and medications. According to the primary treating physician's progress report on April 13, 2015, the injured worker continues to experience neck pain associated with spasms, numbness, tingling and weakness in the upper extremities, headaches, and low back pain with muscle spasm associated with radiation to the left leg with numbness, tingling and weakness. The injured worker rates his pain level at 8/10. Examination of the cervical spine demonstrated paraspinal muscle spasms and cervical spinous processes tenderness at C5, C6 and C7 reproducing pain radiating to the corresponding dermatomes on deep palpation. Decreased range of motion was noted with positive Adson's, cervical distraction and cervical compression tests. Deep palpation of the lumbar spine demonstrated lumbar paraspinal muscles spasm, guarding and myofascial pain with associated numbness and tingling in both legs with progressive weakness. There was decreased range of

motion in the lumbar spine with grossly positive straight leg raise while seated and supine. The injured worker was able to walk on heels and toes with difficulty due to bilateral hip pain. Gaenslen's sign, sacroiliac joint thrust test and Fabere's were positive bilaterally. Motor, reflexes and sensation were documented to be intact. Current medications are listed as Tramadol, Flexeril, Prilosec and Naproxen cream. Urine drug screening report on April 16, 2015 was negative for prescribed medications. Treatment plan consists of an updated lumbar magnetic resonance imaging (MRI) and the current request for the first bilateral sacroiliac (SI) injection and first cervical epidural steroid injection at C7-T1 with catheter to C5-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

First cervical epidural steroid injection at C7-T1 with catheter to C5-C7: Upheld

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.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of epidural steroid injections (ESIs) as a treatment modality. These MTUS guidelines provide the following criteria for the use of Epidural steroid injections: 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. In this case, there are several areas of concern that do not meet the above cited MTUS criteria for use of an ESI. First, there is insufficient documentation that the patient has significant nerve compression at the intended site of the proposed ESI; specifically, the MRI findings do not refer to the C7-T1 area as a source of nerve impingement. Further, the physical examination findings do not include specific muscle testing nor do they include performance of deep tendon reflexes of the areas affected by the alleged nerve root dysfunction. The request for the ESI does not mention whether fluoroscopy was going to be included for guidance as required by the above cited guidelines. Finally, there is no rationale provided for the use of a catheter to C5-C7. For these reasons, a cervical epidural steroid injection at C7-T1 with catheter to C5-C7 is not medically necessary.