

Case Number:	CM15-0113535		
Date Assigned:	06/19/2015	Date of Injury:	02/02/2011
Decision Date:	07/22/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/12/2015

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: Physical Medicine & Rehabilitation

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(n) 32 year old female, who sustained an industrial injury on 2/2/11. She reported pain in her neck, left elbow, right shoulder and bilateral wrists. The injured worker was diagnosed as having cervical disc displacement and myofascial pain syndrome of the neck and shoulder. Treatment to date has included a cervical MRI on 5/23/11 showing no disc bulge. Current medications include Motrin and Gralise. As of the PR2 dated 5/12/15, the injured worker reports 4/10 pain in the left forearm. She had 50% improvement in left forearm pain following a steroid injection. She also has pain in the right shoulder and radicular right arm pain. Objective findings include a positive Spurling test on the right side of the neck and radiating paresthesia of the right arm and wrist. The treating physician requested a cervical interlaminar epidural steroid injection at C6-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical interlaminar ESI C6-T1: 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 ESI
Page(s): 46-47.

Decision rationale: This patient presents with left forearm pain and radicular right arm pain. The current request is for cervical interlaminar ESI C6-T1. The RFA is dated 05/18/15. Treatment history includes physical therapy, and medications. MTUS has the following regarding ESIs, under its chronic pain section: Page 46, 47: "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. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 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... 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." MRI of the cervical spine from 05/23/11 noted cervical bulging disc of C5-6 (1.5mm) and C6-7 (12.5mm). Examination revealed positive right Spurling's test. There was pain on palpation of the anterior and posterior aspect of the right shoulder with decreased ROM. Pin prick and distribution sensation was unequal and decreased in the right arm radiating down to the hand. The treater requests authorization for a cervical interlaminar ESI at level C6-T1. There is no indication that the patient had prior cervical ESI. The patient presents with a positive Spurling's test and radiating symptoms; however, the patient's subjective complaints of pain does not appear to correlate with the imaging study. The MRI does not show significant stenosis or HNP with a potential nerve root lesion that explains the patient's radicular symptoms. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, MTUS guidelines state that there is insufficient evidence of the efficacy of cervical ESI to treat cervical radicular pain. The request IS NOT medically necessary.