

Case Number:	CM15-0115035		
Date Assigned:	06/23/2015	Date of Injury:	04/22/2010
Decision Date:	07/30/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/15/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female who sustained an industrial injury on 4/22/10. Diagnoses are chronic neck pain with cervical and possible left upper extremity radiculitis, status post acute cervical spine musculoligamentous strain/contusion-4/22/10, superimposed on cervical spine degenerative disc disease, chronic left shoulder pain, chronic bilateral carpal tunnel syndrome, and status post bilateral wrist musculoligamentous strains-4/22/10. A progress report dated 4/24/15 from a treating physician notes the current complaints of constant posterior neck pain with radiation to the trapezius musculature, bilaterally as well as to the left shoulder to the dorsal aspect of the left forearm, all of which is increased with movement of her head, neck and upper left extremity. There is diffuse numbness of both hands that is greatest during the night and awakens her from sleep 2-3 times per night. Pain is decreased by lying down. Her gait is normal and she is able to heel and toe walk. Xrays of the cervical spine done 4/24/15 reveal reversal of the normal cervical lordotic curvature, slight anterolisthesis at C3-4 and C4-5 with retrolisthesis at C5-6 and C6-7. There is significant disc space narrowing at C4-5 through C6-7 with anterior osteophytic spurring at all 3 levels. The MRI done 5/24/14 reveals foraminal stenosis on the left at C4-5 with bilateral foraminal stenosis at C5-6 and C6-7. There is a right paracentral disc protrusion at C5-6 with apparent cord compression. On exam of the cervical and thoracic spine, there is tenderness to palpation of the left paraspinal, trapezius and levator scapulae musculature. Range of motion of the neck is limited with extension noted to be 45 degrees, lateral rotation of 65 degrees, bilaterally, and laterally bends 35 degrees, bilaterally. There is posterior neck and left trapezius pain with extension and lateral rotation and bending.

Spurling's maneuver is positive bilaterally for neck and trapezius pain. Deep tendon reflexes are 3+ and Hoffmann's test is negative. Electrodiagnostic studies were positive for carpal tunnel syndrome. Tinel's test is positive at both wrists, but Phalen's test is negative. Current medications are Neurontin, Ambien, and Zanaflex. There is restricted range of motion of the left shoulder in all directions with pain elicited and tenderness to palpation at the subacromial space. The MRI of the left shoulder done 8/15/13 shows moderate to advanced acromioclavicular joint arthrosis, cystic changes with edema in the clavicle, torn labrum, cystic changes in the tuberosity, fissuring in the glenoid, and partial thickness chondral loss. Chronic pain with cervical radiculitis and possible left upper extremity radiculitis is noted and that it is unclear if the left shoulder and left upper extremity pain is related to her underlying cervical spinal pathology or if it is due to a separate left shoulder condition. She appears to have developed a frozen shoulder. Previous treatment includes physical therapy, home exercise, chiropractics, ibuprofen, oral steroids, Neurontin, Ambien, Zanaflex, median branch blocks-2/16/11, and left shoulder injections-5/3/11 and 11/1/11, which resulted in temporary relief. The treatment plan is for an epidural steroid injection at C7-T1 to provide symptomatic relief and to define the source of her symptoms. She will then be reassessed post epidural to determine the amount of relief achieved, depending upon whether there was significant long lasting or only temporary symptomatic relief, she may benefit with physical therapy or may contemplate surgical intervention. The requested treatment is a Cervical Epidural at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural C7-T1 QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Cervical Epidural C7-T1 # 1 is medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam and MRI result does corroborate cervical radiculitis for which the procedure

was requested. The claimant did exhibit neurological deficit; in the dermatomal distribution to be treated with an epidural steroid injection. Additionally, the claimant has failed conservative therapy. Therefore, the request is medically necessary.