

Case Number:	CM15-0123361		
Date Assigned:	07/07/2015	Date of Injury:	09/24/2014
Decision Date:	08/04/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/26/2015

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: Arizona, 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 (IW) is a 51 year old female who sustained an industrial injury on 09/24/2014. She reported repetitive activity trauma leading to persistent neck pain and pain in the right hand. The injured worker was diagnosed as having cervical spondylitis with myelopathy. Treatment to date has included pain management. Electromyogram/nerve conduction studies of the bilateral upper extremities on 12/20/2014 showed bilateral very mild carpal tunnel syndrome, and no evidence of ulnar neuropathy, radial neuropathy or cervical neuropathy. A MRI of the cervical spine was done 10/31/2014. Currently, the injured worker complains of constant neck pain that radiates down the right upper extremity. The pain is accompanied by tingling from the level of the shoulder to the elbow to the level of the wrist, hand and fingers. The worker also complains of headaches accompanying the neck pain that are described as aching, burning, dull, pins and needles, sharp, stabbing throbbing and moderate to severe in severity. The pain is aggravated by repetitive head motions, pushing, pulling, flexion, and extension. The worker had a right C7-T1 epidural steroid injection on 05/15/2015 and reported minimal (5-20%) overall improvement. On exam, there is spinal vertebral tenderness from c5-C7. Range of motion of the cervical spine was moderately limited due to pain. Sensory examination shows decreased touch sensation in the right upper extremity in the affected dermatome of C7. The diagnoses include chronic pain, cervical radiculopathy, and diabetes (stable). Treatment recommendations include a cervical epidural steroid with office follow-up in 6 weeks for re-evaluation. A request for authorization is made for Cervical Epidural Steroid Injection C4-C6 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C4-C6 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI 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 offers no significant long-term functional benefit. 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. In this case, the claimant does not have symptoms in the C4-C6 distribution. The claimant did not get much benefit from a prior ESI. ESI have short-term benefit. The request is not justified and not medically necessary. In addition, prior EMG was consistent with carpal tunnel rather than radiculopathy at the level in question. The request for C4-C6 ESI is not medically necessary.