Case Number:	CM15-0179212		
Date Assigned:	09/21/2015	Date of Injury:	09/26/2012
Decision Date:	10/30/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/11/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 44 year old female who sustained an industrial injury on September 26, 2012. She reported an injury to her neck and upper back when lifting a backpack that weighed approximately 50 pounds. She was diagnosed with sprain of the neck and thoracic spine. The injured worker was evaluated on August 25, 2015. She complained of constant neck pain with numbness and tingling in the first through third digits. She initiated acupuncture therapy and planned to initiate physical therapy. On physical examination the injured worker had normal muscle tone in the bilateral upper extremities and 5-5 strength in all muscle groups of the bilateral upper extremities. She had painful range of motion of the neck starting at flexion at 30 degrees and extension at 20 degrees. Her right handgrip is 3-5. Her current medication is Tramadol-APAP 37.5-325 mg #90 as needed for pain. The evaluating physician noted that the injured worker had no acute changes in her pain since her previous visit and has not improved in nearly two years since the injury. She reported difficulty in performing routine tasks with significant impairment in activities of daily living. She cannot use her computer more than 20 minutes continuously and cannot perform self-care activities such as putting on a shirt or bra without assistance due to difficulty with abduction. An EMG of the bilateral upper extremities was documented by the evaluating physician as revealing C6-7 radiculopathy and right median nerve mononeuropathy. Treatment to date has included approximately twenty physical therapy sessions which provided mild benefit, twelve acupuncture therapy visits which was very effective with regard to functional benefit, ten chiropractic therapy sessions with an improvement in functional improvement for several days, and NSAIDS which resulted in

gastrointestinal ulceration. The injured worker was diagnosed as having cervical disc displacement without myelopathy. A request for authorization for cervical epidural steroid injection (ESI) for the bilateral C5-6, cervical epidurogram, insertion of catheter, fluoroscopic guidance and IV (intravenous) sedation was received on August 31, 2015. On September 8, 2015, the Utilization Review physician modified the request for cervical epidural steroid injection (ESI) for the bilateral C5-6, cervical epidurogram, insertion of catheter, fluoroscopic guidance and IV (intravenous) sedation to cervical epidural steroid injection (ESI) for the bilateral C5-6, cervical epidurogram, insertion of catheter, fluoroscopic guidance without IV (intravenous) sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI (Epidural Steroid Injections) bilateral C5-6, cervical epidurogram, insertion of catheter, fluoroscopic guidance and IV (Intravenous) sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Regarding the request for Cervical ESI (Epidural Steroid Injections) bilateral C5-6, cervical epidurogram, insertion of catheter, fluoroscopic guidance and IV (Intravenous) sedation, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are recent bilateral subjective complaints but physical examination finding support a diagnosis of radiculopathy on the right side only not bilateral, an MRI supports a right sided C5-6 radiculopathy not bilateral, and no electrodiagnostic studies supporting a diagnosis of radiculopathy at bilateral C5-6. In the absence of such documentation, the currently requested Cervical ESI (Epidural Steroid Injections) bilateral C5-6, cervical epidurogram, insertion of catheter, fluoroscopic guidance and IV (Intravenous) sedation is not medically necessary.