

Case Number:	CM15-0023966		
Date Assigned:	02/13/2015	Date of Injury:	09/17/2014
Decision Date:	04/03/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/09/2015

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: New Jersey

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 36 year old female, who sustained an industrial injury on 9/17/2014, after hitting head on a steel beam. The diagnoses have included neck sprain and contusion of shoulder region. Treatment to date has included conservative measures. Currently, the injured worker complains of cervical pain, mild, associated with arm pain and numbness. Physical exam noted decreased neck range of motion and sensory changes to light touch and pinprick in the upper extremities. Medications included Gabapentin. X-ray of the cervical spine, dated 10/07/2014, noted cervical straightening, possibly due to spasm. Head computerized tomography, dated 9/17/2014, noted no acute intracranial injury. On 1/19/2015, Utilization Review non-certified a request for neurosurgeon consult and non-certified a request for epidural steroid injection consult, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127, 179, 180.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The ACOEM MTUS Guidelines also states that referral to a surgeon for cervical spinal pain is only indicated when the patient exhibits severe and disabling arm radiculopathy symptoms in a distribution consistent with abnormalities on imaging studies, has activity limitations due to radiating pain for more than one month or extreme progression of extremity symptoms, and failure of conservative treatment to resolve disabling radicular symptoms. In the case of this worker, although the worker experienced neck spasm and paresthesias in her arms, there was no objective testing from EMG/NCV or MRI to confirm the diagnosis of radiculopathy before considering any surgical consult. Therefore, the neurosurgeon consultation will be considered medically unnecessary at this time.

Epidural Steroid Injection Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections

are recommended. In the case of this worker, although the worker experienced neck spasm and paresthesias in her arms, there was no objective testing from EMG/NCV or MRI to confirm the diagnosis of radiculopathy before considering any epidural injection on any level. Therefore, without corroborating objective evidence from either of these tests, the epidural steroid injection consultation will be considered medically unnecessary at this time.