

Case Number:	CM15-0093595		
Date Assigned:	05/20/2015	Date of Injury:	07/27/2011
Decision Date:	06/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/14/2015

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 71 year old male, who sustained an industrial/work injury on 7/27/11. He reported initial complaints of headache with head injury, rib pain, and right clavicle pain. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, fracture of clavicle, contusion of elbow, and contusion of abdominal wall. Treatment to date has included medication, physical therapy, diagnostics, neurology, and internal medicine consultation. MRI results were reported on 2/4/14 of the right shoulder that reported glenohumeral joint space narrowing and osteophyte and acromioclavicular joint space narrowing and osteophyte, large full thickness tears of the supraspinatus and infraspinatus tendons with complete retraction and uncovering of the humeral head, the humeral head abuts the under surface of the acromion. MRI of the brain on 6/18/14 noted three areas of prior cortical infarct, extensive microvascular ischemic changes in the pons and subcortical and periventricular white matter bilaterally. MRI of the cervical spine on 6/18/14 notes disc bulges from C3-T2 and osteophyte with foraminal narrowing and facet hypertrophy at C5-6. CT scan results of the thorax were reported on 7/27/11 that revealed small right hemothorax and mild multifocal pulmonary parenchymal contusion, multiple rib fractures, comminuted displaced fracture of the distal third of the right clavicle. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 7/8/14 that reported mild bilateral ulnar neuropathy across elbow, worse on right and bilateral median neuropathy at the wrist, moderate severity. Currently, the injured worker complains of headache and neck pain rated 6/10 that radiated to the left upper extremity. Per the internal medicine consult to the primary treating physician on 2/28/15, there

was tenderness in the right arm and scalp area. Several documents within the submitted medical records are difficult to decipher. The requested treatments include Right C4, C5, and C6 Selective Nerve Root Block with Transforaminal Epidural Steroid Injection x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4, C5, C6 Selective Nerve Root Block with Transforaminal Epidural Steroid Injection x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46 and 47.

Decision rationale: The 71 year old patient complains of neck pain, rated at 6/10, radiating to the right upper extremity, accompanied by headaches, as per progress report dated 04/18/15. The request is for Right C4, C5, and C6 Selective Nerve Root Block. The RFA for the case is dated 04/21/15, and the patient's date of injury is 07/27/11. The patient has been diagnosed with cervical degenerative disc disease and headaches, as per progress report dated 04/18/15. As per AME report dated 03/19/15, the patient reports greatest pain in the chest but he also has right lateral shoulder pain, right arm pain, right knee pain, and sporadic lower back pain. The progress reports do not document the patient's work status but report dated 11/19/14 states that the patient has been allowed to perform very light work occasionally. MTUS has the following regarding ESIs, under its chronic pain section: page 46 and 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 series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." MTUS states on page 46, there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case, the progress reports do not document a prior ESI of the cervical spine. The current request for selective nerve root blocks is noted in progress report dated 04/18/15. The patient complains of neck pain that radiates to the right upper extremity. MRI of the cervical spine, dated 10/02/14, revealed disc bulges from C3-4 to T1-2 with foraminal narrowing. While physical examination, as per progress report dated 11/19/14, revealed decreased sensation at C5 and C6 dermatomes bilaterally, Spurling's maneuver is negative bilaterally. Additionally, EMG/NCV, dated 07/08/14, revealed mild ulnar neuropathy across elbow and bilateral medial neuropathy at the wrist (CTS). Given the lack of a clear diagnosis of radiculopathy, and the fact that MTUS does not allow more than 2 level injections, the request is not medically necessary.