

Case Number:	CM13-0004029		
Date Assigned:	12/11/2013	Date of Injury:	02/12/2001
Decision Date:	02/21/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old female who reported an injury on 02/12/2001. The patient is diagnosed with severe and disabling right shoulder tendinitis, right shoulder SLAP lesion, coracoclavicular ligament trauma, right medial epicondylitis, right lateral epicondylitis, status post epicondylar debridement, right carpal tunnel syndrome, right cubital tunnel syndrome, left lateral epicondylitis, left medial epicondylitis, bilateral wrist and forearm myofasciitis, osteoarthritis, and chronic pain involving bilateral upper extremities. The patient was seen by [REDACTED] on 11/08/2013. Physical examination revealed 80% normal range of motion of the cervical spine, tenderness to palpation over the interscapular area, tenderness to palpation over the anterior aspect of the right shoulder, painful arc with forward flexion and abduction of the shoulder, normal range of motion of the right elbow, positive Tinel's testing at the medial aspect of the right elbow, tenderness to palpation over the right medial and lateral epicondyles, and intact sensation to light touch in all digits of the left upper extremity. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection to right C5-6 and C6-7 under fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as a possible option for radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should also prove initially unresponsive to conservative treatment. As per the clinical notes submitted, the patient underwent a transforaminal epidural steroid injection at right C5-6 and C6-7 under epidurography and IV sedation on 08/06/2013. The patient's physical examination prior to the injection on 07/15/2013 revealed normal range of motion of the cervical spine with tenderness to palpation. The patient's physical examinations following the cervical epidural steroid injection revealed no changes, to include 80% normal range of motion of the cervical spine with only tenderness to palpation. The transforaminal cervical epidural steroid injection was requested on 08/05/2013. The patient physical examination on that date only indicated moderate tenderness to palpation. There was no documentation of radiculopathy on physical examination. Furthermore, there was no indication of extreme anxiety or phobia that may warrant the need for conscious sedation with the procedure. Based on the clinical information received, the request is non-certified.