

Case Number:	CM13-0011426		
Date Assigned:	03/03/2014	Date of Injury:	04/12/2012
Decision Date:	05/29/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/14/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/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:

Treatment to date has included medications and five sessions of extracorporeal shockwave therapy, which has provided measurable improvement in pain. Medical records from 2012 through 2013 were reviewed, the latest of which was a progress report dated June 25, 2013, which showed that the patient had occasional pain, soreness, stiffness, muscle spasm, loss of strength, and numbness and tingling of the right hand to the right wrist. The patient also reported frequent swelling of the right hand/ wrist but no shooting pain was reported. The pain was worse when lifting, carrying, twisting, turning, reaching, gripping, grasping, and squeezing. Visual analog scale pain score was reported to be 5-9/10, with an average of 8/10. It was also reported that no increase of symptoms was noted and that there was a decrease in medication use. An EMG of the upper extremities done in July 17, 2012 showed right-sided cubital and carpal tunnel syndrome and potential co-existing right C6, C7 and bilateral C8 radiculopathies. The report of 12/12/12 cervical MRI demonstrates, at C5-6, mild-to-moderate spinal canal narrowing with patient neural foramina and unremarkable exiting nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPIC CERVICAL EPIDURAL STEROID INJECTION @ C5-C6: Upheld

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

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

Decision rationale: According to page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are supported in patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, an EMG of the upper extremities from 2012 revealed presence of potential right C6, C7 and bilateral C8 radiculopathies with no recent updates. The most recent progress report stated that there was no increase in symptoms clinically and that there was a decrease in the patient's medication use. A comprehensive neurological exam was not clearly documented in the progress notes leading up to the utilization review nor was there a discussion concerning the indication for this request. Imaging reports note patent neural foramina at C5-6 with unremarkable nerve roots. Therefore, the request for cervical epidural steroid injection was not medically necessary.