

Case Number:	CM13-0050035		
Date Assigned:	12/27/2013	Date of Injury:	09/26/2005
Decision Date:	04/18/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

The patient is a 46 year old female who was injured on 09/26/2005. The mechanism of injury is unknown. Prior treatment history has included nerve blocks/injections; epidural steroids; chiropractor; narcotic pain; medication; physical therapy and psychiatrist/psychologist; home exercise program; moist heat and stretches. PR2 dated 09/06/2013 documented the patient to report severe pain on cervical area. The pain interferes with function. The patient is frustrated due to chronic pain. The pain interferes with sleep, activities of daily living, emotions and function. The description of the pain is sharp, dull/aching, throbbing, numbness, pressure, burning, weakness, and spasm. On a good day, she rates her pain as a 7. Objective findings on exam revealed no tenderness to palpation over the wrist bilaterally. On Allision maneuver, the patient had tingling and numbness on both hands; Adson test was negative bilaterally; palpation of cervical foramen caused tingling and going to both upper extremities; ROM limited due to pain. Strength in the upper and lower extremities is normal and normal sensation to pinprick in the upper and lower extremities. The reflex exam revealed deep tendon reflexes in the upper and lower extremities normal bilaterally. The patient was diagnosed with 1) Disc protrusion C5-6; 2) Stenosis, cervical spinal C8-7 level; 3) Cervical radiculopathy; 4) Repair of carpal tunnel syndrome, left; 5) R/O thoracic outlet syndrome; 6) lumbar radiculopathy; 7) spondylosis, lumbar; 8) Chronic pain syndrome; 9) Myofascial pain syndrome; and 10) Sacroiliac joint dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL ESI C6-C7 WITH FLUOROSCOPIC GUIDANCE AND ANESTHESIA:

Upheld

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

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

Decision rationale: Per CA MTUS, ESI's are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) The medical records provided lack information on the patients MRI and/or EMG's to corroborate any radiculopathy complaints on physical examination. Further, the PR report documents a prior Epidural Steroid Injection; however, it is unclear if this was for the cervical or lumbar spine, when it was performed and what the outcome/benefit was from the injection. Based on the above, the medical necessity for the ESI has not been established.