

Case Number:	CM13-0051260		
Date Assigned:	12/27/2013	Date of Injury:	10/10/2008
Decision Date:	05/08/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/14/2013

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 Occupational 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, hand, and wrist pain reportedly associated with an industrial injury of October 10, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; MRI imaging of the cervical spine of February 7, 2011, notable for severe right-sided neuroforaminal stenosis at C6-C7; adjuvant medications; earlier carpal tunnel release surgery; electrodiagnostic testing of May 18, 2011, notable for mild-to-moderate demyelinating carpal tunnel syndrome superimposed on the left chronic, active C6-C7 radiculopathy; and extensive periods of time off of work, on total temporary disability.. In a utilization review report of November 7, 2013, the claims administrator denied a request for bilateral C6-C7 cervical epidural steroid injections, stating that the reported mechanism of injury with glass cutting the left forearm is not consistent with the cervical spine injury and that it was unlikely that the current cervical spine complaints were related to the industrial injury of October 10, 2008. It appears that a large portion of the claims administrator's earlier denial was based on causation grounds. Thus, the claims administrator seemingly denied the request on grounds of causation, stating that there was no link between the alleged industrial injury and the applicant's present symptomology. On July 15, 2013, the applicant was described as reporting persistent neck pain radiating to the left upper extremity. The applicant was reportedly limited in terms of several activities of daily living. It was stated that applicant was pending a C6-C7 epidural steroid injection. The applicant's motor and sensory exams were unchanged. The applicant was given diagnosis of cervical radiculopathy, spinal stenosis, CRPS, headaches, and forearm pain status post left carpal tunnel release surgery. Neurontin, Ambien, and immediate release

Morphine were endorsed. In an earlier note of July 18, 2013, it was stated that the applicant was off of work, on total temporary disability. Cervical radiculopathy with spinal stenosis was again stated as an operating diagnosis. On December 2, 2013, the applicant was described as reporting persistent neck pain radiating to the left arm with decreased sensorium noted about the same and decreased grip sensation also appreciated about the left hand versus the right. There was no mention or evidence that the applicant had undergone a prior cervical epidural steroid injection. In fact, on October 7, 2013, the attending provider wrote that he was seeking authorization for diagnostic epidural steroid injection at C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL C6-7 CERVICAL EPIDURAL STEROID INJECTIONS: Overturned

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

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

Decision rationale: The Expert Reviewer's decision rationale: As noted on the page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radio graphically and/or electrodiagnostically confirmed. In this case, the applicant does seemingly have both radiographic and electrodiagnostic corroboration of cervical radiculopathy at the C6-C7 level. The applicant has exhausted lesser levels of care including time, medications, physical therapy, etc. It is further noted that page 46 of MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural injections, as suggested by the attending provider. In this case, the applicant has not had any prior epidural steroid injections. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.