

Case Number:	CM13-0060402		
Date Assigned:	12/30/2013	Date of Injury:	06/02/2012
Decision Date:	04/02/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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 & 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 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 65 year old female who was injured on 06/02/2012. The injury occurred when the patient fell. Prior treatment history has included acupuncture treatment to the left upper and right lower extremity. The patient underwent a right knee arthroscopy on 09/07/2012. Diagnostic studies reviewed include MRI of the cervical spine demonstrates multiple disc herniation. EMG/NCV results are positive for moderate bilateral carpal tunnel syndrome. PR-2 dated 08/01/2013 documented the patient to have complaints of pain in the wrist and also stated that there was an increase in symptoms repetitive of work. The pain was also present in the right knee. There was no mention of cervical complaints or symptoms. The patient's medications were Naproxen and Soma. PR-2 dated 09/12/2013 documented the patient to have complaints of continued pain in the wrist and on and off pain in the left shoulder. She also complained of bilateral knee pain. There was no mention of cervical pain. PR-2 dated 10/24/2013 documented the patient to have complaints of continued pain in the cervical spine. Objective findings on examination of the cervical spine revealed spine tenderness to palpation with paraspinal spasms noted. There was positive Spurling's test; mobility was restricted and painful. PR-2 dated 12/05/2013 documented the patient to have complaints of pain in the cervical spine, left shoulder, low back and right knee. The pain and symptoms remained unchanged. Objective findings on examination of the cervical spine revealed restricted and painful range of motion. There was tenderness to palpation along cervical paraspinal musculature with Positive Spurling's test. The treatment plan recommended was a request for authorization for cervical epidural based steroid therapeutic pain management procedure for pain relief. Her medications, Naproxen and Soma, were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (ESI) with epidurogram: 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 ESI's Page(s): 46.

Decision rationale: Per the 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). Throughout the documentation provided, there is no evidence the patient has radicular pain. The patient complained of cervical pain on several different occasions but there was no mention of radicular type symptoms. In addition, the EMG/NCV did not report radiculopathy and the MRI was not indicative of radiculopathy either. Further, the guidelines state that ESI's should be performed in conjunction with other rehabilitative efforts, including continuing a home exercise program. There is no documentation of these efforts taking place for the cervical spine during this period. The requested procedure does not meet criteria per the evidence based guidelines.