

Case Number:	CM14-0004773		
Date Assigned:	01/24/2014	Date of Injury:	02/01/2011
Decision Date:	06/11/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

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 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:

This is a patient with a date of injury of 2/1/11. A utilization review determination dated 12/30/13 recommends non-certification of cervical ESI, nothing that the patient was being worked up for thoracic outlet syndrome and a request for follow-up for that condition was certified. 10/30/13 medical report identifies neck pain with bilateral arm numbness and tingling into the 3rd, 4th, and 5th fingers. The provider notes that the patient was seen by another doctor who diagnosed a mild bilateral carpal tunnel syndrome and possible left-sided thoracic outlet syndrome, with physical therapy recommended. On exam, there was some cervical tenderness. He develops paresthesias from the shoulders down the arms and forearms into the 3rd, 4th, and 5th fingers when he raises his arms at or above shoulder level. The provider notes that the current symptoms were not explained by the MRI findings and he does not need surgical intervention of the cervical spine. Due to possible thoracic outlet syndrome, 12 PT sessions were recommended along with follow-up with the other doctor for treatment of thoracic outlet syndrome. 9/26/13 cervical spine MRI identifies a tiny disc protrusion at C4-5 with no stenosis and a 3 mm protrusion at C6-7 with very minimal foraminal narrowing on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TESI (THORACIC EPIDURAL STEROID INJECTION) AT C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Neck and Upper Back.

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

Decision rationale: California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, the most recent clinical and imaging findings do not support a diagnosis of radiculopathy. Furthermore, the provider notes a suspicion of thoracic outlet syndrome, with treatment for that condition having been recommended as well as follow-up with another provider for further evaluation/treatment of that condition. That diagnosis would better explain the patient's current symptoms and would not respond to epidural steroid injection. In light of the above issues, the currently requested left TESI at C6-7 is not medically necessary.

RIGHT TESI (THORACIC EPIDURAL STEROID INJECTION) AT C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Neck and Upper Back.

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

Decision rationale: California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, the most recent clinical and imaging findings do not support a diagnosis of radiculopathy. Furthermore, the provider notes a suspicion of thoracic outlet syndrome, with treatment for that condition having been recommended as well as follow-up with another provider for further evaluation/treatment of that condition. That diagnosis would better explain the patient's current symptoms and would not respond to epidural steroid injection. In light of the above issues, the currently requested right TESI at C6-7 is not medically necessary.