Case Number:	CM14-0011574		
Date Assigned:	02/21/2014	**Date of Injury:**	12/12/2010
Decision Date:	06/25/2014	**UR Denial Date:**	01/27/2014
Priority:	Standard	**Application Received:**	01/28/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 55-year-old female who reported an injury on 12/12/2010. The mechanism of injury was cumulative trauma. Prior treatments included a right third occipital nerve block and a right medial branch block at C6 and C5 with 10% relief of pain. The documentation of 01/09/2014 revealed the injured worker had neck pain that was shooting. The injured worker indicated their symptoms were present for 5 years. The pain was a 6/10 to 7/10 on the VAS score. The right elbow was swelling and causing increasing pain. The patient indicated the entire joint felt tight and that there was occasional swelling in the forearm. The pain was noted to wake the injured worker up at night. The physical examination revealed tenderness in the paraspinal musculature, trapezius, and high, mid lateral mass. The cervical spine range of motion produced pain with lateral bend to the right. The objective physical examination revealed the injured worker had a positive foraminal closure on the right producing pain down the lateral arm into the thumb. The examination of the right elbow revealed a 1.5 size swelling of the olecranon that was soft and tender to palpation. The right elbow range of motion was full but painful. The diagnoses included olecranon bursitis and pain in joint involving the upper arm as well as cervical radiculopathy, cervical spondylosis, lumbar spondylosis, and myofascial pain syndrome. The treatment plan included Norco 10/325 mg increasing to 7 tables per day if needed, Soma 350 mg 3 times a day, and Celebrex 200 mg daily, a continuation of physical therapy for the lumbar spine and a right elbow x-ray to evaluate the joint as the injured worker continued to have swelling in the forearm and decreased range of motion when swollen, a right C6 cervical transforaminal epidural steroid injection and a follow-up in 2 months. MRI of the cervical spine revealed a 1.5 mm central posterior disc protrusion at C4-5 indenting the anterior aspect of the thecal sac with a mild narrowing of the left neural foramen. There was a mild degree of central stenosis at C5-6 level secondary to a 3 mm broad based posterior disc

protrusion causing pressure over the anterior aspect of the thecal sac. There was mild narrowing of the left neural foramen. The clinical documentation indicated the injured worker had an electrodiagnostic study on 02/25/2012 which revealed evidence of mild right elbow ulnar motor neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT C6 CERVICAL TRANSFORAMINAL EPIDURAL INJECTION QTY 1.00: 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 Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend an epidural steroid injection for treatment of radiculopathy. There should be documentation of objective physical examination findings that are corroborated by imaging studies and/or electrodiagnostic testing and the injured worker's pain must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the claimant underwent an EMG which revealed right elbow ulnar motor neuropathy on 02/25/2012. MRI of the cervical spine dated 02/09/2012 which failed to support the patient having nerve impingement. The objective physical examination revealed positive foraminal closure on the right producing pain down the lateral arm into the thumb. There was a lack of documentation indicating the injured worker's pain was initially unresponsive to conservative treatment. Given the above, the request for right C6 cervical transforaminal epidural injection is not medically necessary and appropriate.

RIGHT ELBOW X-RAYS (3VIEWS) QTY 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42, 43.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the criteria for ordering imaging studies include the imaging study results will substantially change the treatment plan, there is an emergence of a red flag, or there is failure to progress in a rehabilitation program and there is evidence of significant tissue insult or neurologic dysfunction that has been shown to be correctable by invasive treatment. The clinical documentation submitted for review failed to indicate the imaging study would result in substantial changes in the treatment plan. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for right elbow x-ray (3 views) quantity 1 is not medically necessary and appropriate.