

Case Number:	CM14-0017409		
Date Assigned:	04/14/2014	Date of Injury:	07/14/2012
Decision Date:	05/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/11/2014

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 and is licensed to practice in Illinois. 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 41-year-old female who reported an injury on 07/14/2012. The mechanism of injury was lifting a gatorade box. The documentation of 01/21/2014 revealed the injured worker had been treated with therapy, a Transcutaneous Electrical Nerve Stimulation (TENS) unit, massage, ice, heat, injections, acupuncture, and medication. The documentation of 01/21/2014 went on to indicate the injured worker had an Electromyography (EMG) that identified carpal tunnel syndrome and cervical radiculopathy. It was indicated the injured worker did not respond to a cortisone injection in the right shoulder. There was no Spurling's sign. The plan was a cervical epidural steroid injection with fluoroscopic guidance and moderate sedation. The diagnosis included brachial neuritis, pain in joint shoulder, and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION WITH FLUOROSCOPIC GUIDANCE, UNSPECIFIED LEVELS, AND MODERATE SEDATION: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective physical findings upon physical examination as well as corroboration with Electrodiagnostic or MRI testing, and the injured worker's pain has been initially unresponsive to conservative treatment. The clinical documentation submitted for review failed to meet the above criteria. The request as submitted failed to indicate the laterality as well as the level for the epidural steroid injection. The request for an epidural steroid injection with fluoroscopic guidance would not be medically necessary. The American College of Occupational and Environmental Medicine (ACOEM) does not address sedation for epidural steroid injections and as such, secondary guidelines were sought. Per the Official Disability Guidelines regarding sedation, there is no evidence-based literature to make a firm recommendation as to the sedation during an epidural steroid injection. The clinical documentation submitted for review failed to indicate documented rationale for sedation. Given the above, the request for cervical epidural steroid injection with fluoroscopic guidance, unspecified levels, and moderate sedation, is not medically necessary.