MAXIMUS Federal Services

Case Number:	CM14-0017922		
Date Assigned:	04/16/2014	Date of Injury:	09/21/2010
Decision Date:	06/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 patient is a 55-year-old female who was injured on 09/21/2010. She sustained a work-related injury while performing her job duties as a file clerk for [redacted] The patient reports that due to repetitive motion while opening mails, dotting the documents, assembling and pulling files from the upper and lower shelves that were overstuffed, she sustained injuries to her left shoulder, left arm, left elbow, left wrist, top of the shoulder, and lower neck. The prior treatment history has included physical therapy, chiropractic care, medications and transcutaneous electrotherapy (TENS) unit. The TENS unit helped. She was taking Nucynta, Valium, Meclizine, Butrans patch, and Mobic. The diagnostic studies reviewed include an x-ray of the cervical spine, complete with lateral flexion and extension views and oblique views dated 09/18/2013, show degenerative disease of the cervical spine and straightening of the normal cervical lordotic curve compatible with muscle spasm. An MRI of the cervical spine dated 09/12/2013, demonstrates possible left bony foraminal narrowing noted at the C6-7 level. An electromyography/nerve conduction velocity (EMG/NCV) dated 09/18/2013, reveals no evidence of cervical radiculopathy or myopathy. A pain management note dated 01/08/2014, reports that the patient will return today to the clinic for follow-up regarding her continued complaints of pain in her neck, shoulder, and elbow. She reports that Nucynta takes the edge off of her pain symptoms. She is on Valium for vertigo as per her primary medical doctor, along with the Meclizine. She reports to have more pain in the right arm. She also reports that she has left elbow spasm, more recently at bedtime. She reports that the TENS unit helps sometimes with her pain symptoms. Medications are also somewhat helpful in order to alleviate her pain symptoms. On exam, the Spurling's test is noted to be positive. Sensation is noted to be decreased to light touch in the right hand. On strength testing, there was weakness noted, with bilateral grip strength. There was tenderness to palpation noted over the

cervical paraspinal musculature, upper trapezius musculature as well as scapular borders bilaterally. The lumbar paraspinal musculature was also noted to be tender to palpation; right shoulder impingement was noted to be present; and the Tinel's sign was noted to be positive on the bilaterally wrists. The diagnostic impressions are cervicalgia and cervical radiculopathy. It is recommended that the patient received a cervical epidural steroid injection at the C7-T1 level. The Pain Management Re-evaluation note dated 12/04/2013, reports that the patient will return for follow-up regarding her continued complaints of pain in the neck, shoulder, and elbow. She reports that Butrans patches did not help her to relieve the pain. She reports having increasing pain with weather changes. She reports having throbbing sensation all over her body, and also reports having vertigo. On exam, the Spurling's test was noted to be positive. Sensation is noted to be decreased to light touch in the digits three to five (3 to 5) on the right hand. On strength testing, there was weakness noted with bilateral grip strength. There is tenderness to palpation noted over the cervical paraspinal musculature, upper trapezius muscles, scapular borders bilaterally, as well as lumbar paraspinal musculature. The shoulders are diagnosed with impingement syndrome. The Tinel's sign is noted to be positive at the bilaterally elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION AT THE C7-T1 LEVEL: 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 EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The Chronic Pain Guidelines indicate that for epidural steroid injections, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing". The 9/12/2013 MRI of the cervical spine does not indicate nerve root impingment or canal stenosis at C7-T1. The electromyography (EMG) report dated 9/18/2013, shows no evidence of cervical radiculopathy. Since radiculopathy is not corroborated by imaging studies and/or electrodiagnostic testing, the medical necessity of cervical ESI is not established.