

Case Number:	CM14-0019943		
Date Assigned:	04/28/2014	Date of Injury:	02/22/2008
Decision Date:	07/09/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/18/2014

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 Anesthesiology 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:

The patient has submitted a claim for bilateral hand/wrist, right elbow, and neck pain associated with an industrial injury date of February 22, 2008. The treatment to date has included medications, physical therapy, occupational therapy, chiropractic treatment, acupuncture, TENS unit, left wrist carpometacarpal interpositional arthroplasty, and right cubital tunnel release. Medical records from 2013 were reviewed, which showed that the patient complained of bilateral hand/wrist pain, 8-9/10, associated with stiffness, numbness, and tingling. The patient also complained of right elbow pain, 7/10, and neck pain 9-10/10 with radiating pain to the right upper extremity. On physical examination, there was decreased grip strength bilaterally. Cervical spine examination showed muscle guarding/spasm with painful range of motion and tenderness of the paraspinal muscles. Right elbow examination showed a healed incision with a decreased range of motion. A CT myelogram of the cervical spine, dated October 22, 2013, revealed diffuse cervical spondylosis with central canal stenosis, which is most severe at C5-6; and diffuse bony foraminal stenosis; C7-T1 spinal canal and foramina were clear. Utilization review from January 22, 2014 denied the request for Epidural Steroid Injection for the C7-T1 Spine Interlaminar with catheter because the most recent report failed to establish clear exam evidence of radiculopathy and there was no documentation of evidence of failure of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION FOR THE C7-T1 SPINE INTERLAMINAL WITH CATHETER: Upheld

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

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

Decision rationale: According to page 46 of the Chronic Pain Medical Treatment Guidelines, the criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and should be performed using fluoroscopy for guidance. In this case, although the patient presented with signs and symptoms of radiculopathy, the medical records did not include imaging or electrodiagnostic studies that corroborate such findings. In addition, there was no documentation of failure of conservative management. Furthermore, the present request did not indicate whether epidural steroid injection would be performed under fluoroscopy as recommended by the guidelines. The criteria were not met; therefore, the request for Epidural Steroid Injection for the C7-T1 Spine Interlaminar with Catheter is not medically necessary.