

Case Number:	CM14-0110054		
Date Assigned:	09/16/2014	Date of Injury:	03/25/2011
Decision Date:	10/17/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/15/2014

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 General Surgery and is licensed to practice in Tennessee. 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 51 year old female who was injured on March 25, 2011 alleged neck and back injuries. The mechanism of injury was cleaning up Monocoat (an oil wood finish) when she slipped and fell injuring her neck, back, and upper extremities with tingling and numbness in the hands. The diagnoses listed as other and unspecified disc disorder of cervical region, cervicgia. The most recent progress note dated 7/3/14 reveals complaints of bilateral wrist pain with constant tingling and numbness in the fingers of both hands. Physical examination revealed tenderness with positive provocative findings are noted at both carpal tunnels, cubital tunnel compression test is positive on the right side at 10 seconds, sensation to light touch is attenuated in the left second through fourth digits in the right first through third digits, Tinel, Phalen, and Durkin signs are positive bilaterally, provocative testing at the pronator and radial tunnels remained negative. A clinical note dated 6/26/14, reveals complaints of continued pain cervical regions, also increased pain in the low back with radicular symptoms bilaterally involving the legs and pain travels down from the buttocks. Physical examination reveals the probes into the lower lumbar region involving the paraspinal structures did elicit sharp wave activity and polyphasic units involving the paraspinal structures did elicit sharp wave activity and polyphasic units involving L5 to S1 nerve roots greater on the right, within the extremities there was positive sharp wave activity seen in the biceps femoris muscles and also in the gastrocnemius muscles on the right, increased polyphasic units seen in the tibialis anticus, peroneus longus and involving the extensor digitorum brevis greater right sided, elsewhere insertional and rest patterns were essentially benign, full effort was free of any significant gapping. Nerve conduction study bilateral lower extremities dated 6/26/14 distal latencies, proximal latencies, the amplitudes; duration and configuration all appear to be within the range of normal. Electromyogram bilateral lower extremities dated 6/26/14 reveal an abnormal EMG

of the lower extremities; findings are consistent with acute and chronic lumbosacral radiculopathy, primarily involving L5 to S1 greater on the right. The impression noted a normal nerve conduction velocity study of the lower extremities, no focal or diffuse neuropathic features were seen, and relevant findings were radicular as indicated on electromyography (EMG) examination. Current medications include Lisinopril, Naprosyn, Cyclobenzaprine, Gabapentin, Hydrocodone, Trazodone, and Norco. Prior treatment includes cervical epidural steroid (Dexamethasone) injections on two separate occasions with the last being in October 2013. The records indicate that moderate relief was obtained that was still present five days later (but a third injection was yet being concurrently requested). Other modalities of treatment included: acupuncture through April 8, 2014, cervical physical therapy through April 2014, status post carpal tunnel syndrome release 10/22/2013. A prior utilization review determination dated 6/25/14 resulted in denial of cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Web Edition, Cervical and Thoracic Spine Disorders, Summary of Recommendations and Evidence.

Decision rationale: The medical records indicate the injured worker has received benefit from two prior epidural injections yet no evidence of a post procedure plan had been initiated afterwards to move forward with this patient's recovery. The American College of Occupational and Environmental Medicine (ACOEM) states that many invasive and noninvasive therapies are intended to cure or manage pain, but no strong evidence exists that they accomplish this as successfully as therapies that focus on restoring functional ability without focusing on pain. In those cases, the traditional medical model of curing the patient does not work well. Furthermore, patients should be aware that returning to normal activities most often aids functional recovery. Patients should be encouraged to accept responsibility for managing their recovery rather than expecting the provider to provide an easy cure. This process will promote using activity rather than pain as a guide, and it will make the treatment goal of return to occupational and nonoccupational activities more obvious. The request for Cervical Epidural Steroid Injection is not medically necessary.