

Case Number:	CM14-0113956		
Date Assigned:	08/01/2014	Date of Injury:	03/06/2014
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Medicine 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:

This 38-year old service manager has injuries of her neck, right shoulder and right wrist purported to be a result of repetitive motion such as dicing and washing dishes while engaged in her usual job duties. Symptoms began in 10/13, and she first reported the injury on 3/6/14. She has been treated beginning 5/14/14, and has been off work since then without any improvement in her symptoms. Treatment has consisted of physical therapy and Norco. The most recent progress note, 6/19/14, documents her symptoms as pain in the neck and right periscapular area with radiation to the forearm, with numbness and tingling in the hand. Physical exam was remarkable for reduced neck range of motion with pain, mild diffuse weakness of the right upper extremity, and absent biceps and brachioradialis reflexes on the right. Sensory exam was normal, and Tinel's was positive at the right wrist. Cervical MRI done 5/28/14 is reported as significant for congenital stenosis with superimposed acquired stenosis from disc/osteophyte complexes, with significant foraminal narrowing at C5-6 on the right. Electrodiagnostic studies done 5/27/14 showed mild R carpal tunnel syndrome, and no evidence of cervical radiculopathy. A progress note dated 6/19/14 by her primary provider states that the patient's diagnosis is persistent radiculopathy, and requests authorization for a right C7-T1 interlaminar epidural injection. He adds that if for some reason the epidural injection does not cause her hand symptoms to resolve, Electrodiagnostic studies should be performed. The request for epidural steroid injection was denied in UR on 6/27/14, on the grounds that evidence-based criteria are not met for the performance of a cervical ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Interlaminar Cervical Epidural Steroid Injection at the Level of C7-T1 under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Criteria for the use of Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the guideline cited above, epidural steroid injections alone offer no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although it is possible that this patient could have radiculopathy based on her MRI results alone, radiculopathy is not corroborated either by her physical exam or by her Electrodiagnostic studies. Her findings of diffuse weakness in several muscle groups, no dermatomal pain pattern, and no sensory deficit would indicate that she is not likely to have radiculopathy. The treating provider has not made clear what cervical level of radiculopathy he has diagnosed. The request does not make clear whether C7-T8 is the level he plans to treat, or whether he plans to treat higher levels via C7-T8. In the absence of any specific information, it would have to be assumed that C7-T8 is the level being treated. This level is not consistent with the findings of normal triceps reflex and absent biceps and brachioradialis. In addition, the Electrodiagnostic testing revealed no radiculopathy whatever, which would make the finding of unilateral absence of the biceps and brachioradialis reflexes somewhat suspect. The patient does have some findings consistent with mild carpal tunnel syndrome, which is not treated with epidural steroid injections. Based on the medical guideline cited and on the clinical information provided, 1 Right Interlaminar Cervical Epidural Steroid Injection at the Level of C7-T1 under Fluoroscopic Guidance is not medically necessary.