

Case Number:	CM14-0115504		
Date Assigned:	08/04/2014	Date of Injury:	05/18/2011
Decision Date:	09/11/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/22/2014

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 Medicine and is licensed to practice in Texas. 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 48 year old male who sustained injuries to his neck and left elbow on 05/18/11 due to a gold course injury. The mechanism of injury is undisclosed. A clinical note dated 05/27/14 reported that the injured worker continued to complain of pain in his neck; and following previous epidural steroid for the cervical spine, he had about one month of relief at 70 percent. He is using transcutaneous electrical nerve stimulation (TENS) unit on his neck and complained of trouble sleeping. Physical examination noted left elbow tender medial aspect, range of motion within normal limits, sensation to pinprick decreased in the right upper extremity, and within normal limits in the left upper extremity. Diagnostic impression was that the injured worker has chronic neck pain with spondylosis and borderline spinal stenosis and left elbow contusion, rule out small fracture, which he reports is due to falling because of his right knee giving way. Authorization was requested for cervical epidural steroid injection, interlaminar right C7 to T1, as this provided relief for a month in October of 2011. Xray of the left elbow was requested as he has pain after falling and hitting his left elbow and his right knee gave way.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, Radiography (x-rays).

Decision rationale: The previous request was denied on the basis that there was no mention of any significant swelling, discoloration, loss of function and range of motion was normal. The clinical presentation is not consistent with a fracture and a radiograph to rule out fracture does not meet current guidelines material. There was no mention that a surgical intervention was anticipated. There were no focal neurological deficits on physical examination. There were no additional significant red flags identified. Given this, the request for Xray of the left elbow is not indicated as medically necessary.

Epidural Steroid Injection: Upheld

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

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

Decision rationale: The previous request was denied on the basis that there was mention of a previous epidural steroid injection for the neck performed on 10/20/11 that gave the injured worker about one month of relief. The report stated that the injured worker is scheduled for medial branch block or facet injection the following June. Absent any more details regarding the injured worker's neck pain, arm pain and physical examination, and there was no mention what levels are currently being considered for injection. The California Medical Treatment Utilization Schedule (MTUS) states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. No more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. Given this, the request for epidural steroid injection is not indicated as medically necessary.