

Case Number:	CM14-0139505		
Date Assigned:	09/05/2014	Date of Injury:	05/12/2012
Decision Date:	10/27/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/28/2014

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 Occupational 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:

Injured worker is a female with date of injury 5/12/2012. Per progress note dated 8/1/2014, the injured worker states she had a flare up of her pain due to helping her daughter paint. She has severe right trapezial pain which radiates to her right upper extremity. On 7/10/2014 she had electrodiagnostic studies which demonstrated right C5 and C6 chronic radiculitis. The injured worker is frustrated with her symptoms and would like to consider surgical options for her neck. She rates her pain at 9/10 without medications and 5/10 with medications. She has increased pain with any type of lifting or repetitive use of her right upper extremity. On examination of the cervical spine, she has 5/5 bilateral upper extremity strength and DTRs are 2+ and symmetric. Spurling's sign is positive on the right. Sensation is reduced in the right C6 dermatome. There is no clonus or increased tone. Hoffman's sign is negative bilaterally. There is trigger point tenderness over the right C6-7 paraspinal muscles, cervical paraspinals and right trapezius. There is evidence upon palpation of a twitch response as well as referred pain. Cervical spine range of motion is reduced in all plane (60% of normal). Diagnoses include 1) neck pain 2) cervical discogenic pain syndrome 3) myalgia and myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

guidance and conscious sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections:.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection section, Page(s): 46.

Decision rationale: Agreed medical evaluation dated 2/13/2014 provided extensive medical record review which indicates that the injured worker has been treated conservatively since her injury with physical therapy and medications. She has not had epidural steroid injections previously. Epidural steroid injections were recommended in prior clinical visits and also by the agreed medical evaluator. Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria, including radiculopathy being documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. The injured worker does meet these conditions, and the requesting provider is requesting a single epidural steroid injection which is likely to provide relief. Additionally, the requesting provider is requesting to perform the procedure under fluoroscopy which is recommended by the guidelines. The request for guidance and conscious sedation is determined to be medically necessary.

Cervical Epidural steroid injection C6-7 interlaminar: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections:.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Epidural Steroid Injection section, Page(s): 46.

Decision rationale: Agreed medical evaluation dated 2/13/2014 provided extensive medical record review which indicates that the injured worker has been treated conservatively since her injury with physical therapy and medications. She has not had epidural steroid injections previously. Epidural steroid injections were recommended in prior clinical visits and also by the agreed medical evaluator. Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria, including radiculopathy being documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. The injured worker does meet these conditions, and the requesting provider is requesting a single epidural steroid injection which is likely to provide relief. Additionally, the requesting provider is requesting to perform the procedure under fluoroscopy which is recommended by the guidelines. The request for Cervical Epidural steroid injection C6-7 interlaminar is determined to be medically necessary.

Fluoroscopic guidance:. Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections:.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection section, Page(s): page(s) 46.

Decision rationale: Agreed medical evaluation dated 2/13/2014 provided extensive medical record review which indicates that the injured worker has been treated conservatively since her injury with physical therapy and medications. She has not had epidural steroid injections previously. Epidural steroid injections were recommended in prior clinical visits and also by the agreed medical evaluator. Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria, including radiculopathy being documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. The injured worker does meet these conditions, and the requesting provider is requesting a single epidural steroid injection which is likely to provide relief. Additionally, the requesting provider is requesting to perform the procedure under fluoroscopy which is recommended by the guidelines. The request for Fluoroscopic guidance is determined to be medically necessary.