

Case Number:	CM14-0025316		
Date Assigned:	06/11/2014	Date of Injury:	10/17/2012
Decision Date:	07/18/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 47-year-old male who reported an injury on 10/17/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 12/19/2013 indicated diagnoses of brachial plexus lesions, biceps tendon rupture, neck pain, and syndrome cervicobrachial. The injured worker reported pain in his neck that radiated into his left hand. The injured worker reported his left forearm was tender to touch and the 1st and 2nd digits of his left hand were constantly numb. The injured worker reported difficulty with gripping with his left hand and reported he could not maintain a strong grip due to his pain. The injured worker reported right upper extremity pain described as aching from his neck down to his right wrist. An unofficial EMG dated 11/26/2013 revealed right ulnar sensory mononeuropathy and left C5, C6, and C7 cervical radiculopathy. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included cyclobenzaprine, gabapentin, hydrocodonebit/APAP, pantoprazole, and clonidine. The provider submitted request for insertion of cervical catheter, fluoroscopic guidance, IV sedation, cervical epidural steroid injection at C6-7, and cervical epidurogram. A request for authorization form was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

INSERTION OF CERVICAL CATHETER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternative Guidelines, web-base.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

FLUOROSCOPIC GUIDANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

IV SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Epidural steroid injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CERVICAL EPIDURAL STEROID INJECTION AT C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For The Use Of Epidural Steroid Injections, page Page(s): 46.

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

Decision rationale: The request for cervical epidural steroid injection at C6-7 is not medically necessary. The Ontario Chronic Pain Medical Treatment Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. The Guidelines also state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Although the injured worker did have signs of radiculopathy there is no evidence in the documentation provided of exhaustion of conservative therapy such as physical therapy. In addition, the documentation submitted indicated the injured

worker utilized his medications with benefit and improved function, therefore the request for cervical epidural steroid injection at C6-7 is not medically necessary.

CERVICAL EPIDUROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternative Guidelines, web-base.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.