

Case Number:	CM14-0027053		
Date Assigned:	06/13/2014	Date of Injury:	09/18/2012
Decision Date:	08/05/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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 Texas and Oklahoma. 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 34-year-old female with a date of injury of 9/18/12. The mechanism of injury was repetitive use. The injured worker complained of pain located in the right shoulder and neck, rated at 6/10. Upon physical examination, the injured worker's neck revealed tenderness to palpation over the right lateral aspect. The cervical range of motion revealed flexion to 40 degrees, extension to 40 degrees, left lateral rotation to 60 degrees, and right lateral rotation to 60 degrees. In addition, the injured worker presented with positive Spurling's sign bilaterally. Upon physical examination, the right and left shoulder range of motion revealed abduction to 150 degrees, forward flexion to 160 degrees, external rotation to 90 degrees, and internal rotation to 90 degrees. The EMG/NCV dated 2/5/14 revealed normal EMG of the right upper extremity sampling with no evidence of denervative or myopathic process. The physician indicated that the EMG/NCV was well within physiological limits. The MRI of the cervical spine dated 5/29/13 revealed that the cervical cord maintained uniform caliber and signal. Previous conservative care included ice, heat, and home exercise programs. The injured worker's diagnoses included brachial neuritis or radiculitis, and degeneration of cervical intervertebral and other lesions of median nerve. The injured worker's medication regimen included cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF EPIDURAL STEROID INJECTIONS.

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Criteria for the use of epidural steroid injections include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment, and injections should be performed using fluoroscopy (live x-ray) for guidance. According to the documentation provided for review, the injured worker does not have radiculopathy corroborated by the EMG or MRI studies. In addition, the request as submitted failed to include the interlaminar level that was to be utilized with the epidural steroid injection. Furthermore, the request as submitted failed to provide the use of fluoroscopy (live x-ray) for guidance. Therefore, the request is not medically necessary.