

Case Number:	CM14-0028793		
Date Assigned:	06/16/2014	Date of Injury:	04/20/2006
Decision Date:	07/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 Orthopedic Surgery 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 patient is a 58 year-old female who sustained an industrial injury relative to cumulative trauma, date of injury 4/20/06. The patient underwent right shoulder arthroscopy with rotator cuff repair, biceps tenodesis, and Mumford procedure with subacromial decompression on 2/19/13. The 10/15/13 cervical spine MRI impression documented no extruded cervical disc herniation, central or foraminal stenosis. There was a 1 mm bulging annulus at C5/6 with minor hypertrophic change of the uncovertebral joints without central or foraminal stenosis. The 1/14/14 treating physician report documented cervical spine exam findings of paravertebral muscle and right trapezius tenderness to palpation, moderately decreased and painful range of motion, and positive right Spurling's maneuver. Right upper extremity exam documented negative shoulder orthopedic tests, 4/5 rotator cuff/deltoid strength, no obvious adhesive capsulitis, medial epicondyle and cubital tunnel tenderness, positive Tinel's over the ulnar groove, positive elbow flexion without ulnar subluxation, bilateral wrist tenderness, positive Phalen's and median nerve compression signs both wrists, and patchy decreased sensation bilateral C6 in the median nerve distribution and some mild depression in the right biceps reflex. The diagnosis included right sided cervical radicular symptoms with C5/6 disc bulging, right medial epicondylitis and cubital tunnel syndrome, and bilateral carpal tunnel syndrome. Authorization was requested for a cervical epidural injection and physical therapy twice a week for six weeks. The patient remained temporarily totally disabled. The 2/25/14 utilization review recommended denial of the request for cervical epidural injection as there was no clinical correlation between the patient's pain presentation and the cervical MRI findings, and no indication whether cervical epidural injections had previously been tried and, if so, what the results were. No additional information was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTION C5-C6, RIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Guideline criteria have not been met. There is no current documentation of dermatomal radiculopathy by physical exam finding. There is no MRI corroborative evidence for cervical radiculopathy. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, the request for Epidural Steroid Injection C5/6, right, is not medically necessary and appropriate.