

Case Number:	CM14-0032980		
Date Assigned:	04/18/2014	Date of Injury:	09/07/2010
Decision Date:	07/02/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/13/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 41-year-old female who reported an injury on 09/07/2010 after she removed a bread tray from shoulder level that slipped, which caused her to grab the tray and reportedly caused a sudden onset of wrist pain. The injured worker's treatment history included acupuncture, physical therapy, multiple medications, and an epidural steroid injection. The injured worker was evaluated on 12/18/2013. It was noted that the injured worker had undergone an epidural steroid injection on 11/14/2013. It was noted that the injured worker had a reduction of pain that began 7 days after the procedure. The pain was reduced from a 9/10 to a 6/10. It was documented that the injured worker had a restoration of ability to function of the neck. Physical findings included tenderness to palpation of the paraspinal musculature from the C5-6 and C6-7 with tenderness to palpation over the facet joints at those levels. It was documented that the injured worker had a positive Spurling's test, distraction test, and foraminal compression test on the right. It was documented that the injured worker had restricted range of motion and sensory deficits in the medial forearm and 4th and 5th digit of the right hand corresponding with the C8 dermatome. The injured worker's diagnoses included cervical radiculopathy, right wrist radiocarpal and radioulnar dysfunction with internal derangement, cervicalgia, cervical intervertebral disc displacement without myelopathy, myalgia and myositis, ulnocarpal and radiocarpal joint effusion, and right lateral epicondylitis. The injured worker's treatment plan included an additional diagnostic cervical epidural steroid injection at the C4-5 and C5-6 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION AT C4-5 AND C5-6: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends repeat injections be based on documentation of at least 50% pain relief for 6 to 8 weeks with documentation of significant functional benefit. The clinical documentation submitted for review does not provide evidence that the injured worker had at least 50% pain relief. It was noted that the injured worker had a reduction in pain level from a 9/10 to 6/10, representing a 30% reduction in pain as a result of the previous injection. Additionally, the injured worker was evaluated 4 weeks after the initial diagnostic cervical epidural steroid injection with a return in symptoms. Therefore, an additional cervical epidural steroid injection at the C4-5 and C5-6 would not be supported. As such, the requested cervical epidural steroid injection at the C4-5 and C5-6 is not medically necessary.