

Case Number:	CM14-0036491		
Date Assigned:	06/25/2014	Date of Injury:	05/01/2010
Decision Date:	07/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/25/2014

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 Orthopaedic 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 injured worker is a 56 year-old female who was reportedly injured on 5/01/10. The mechanism of injury is noted to have been repetitive motion. The most recent progress note dated 3/4/14, indicates that there are ongoing complaints of neck pain with radiation to the right arm, hand and fingers, and right shoulder pain. There is no physical examination included in the progress note. Diagnostic imaging studies revealed a C4-5 left posterior osteophyte and mild left anterior lateral recess stenosis. Minimal foraminal stenosis was noted. A C3-7 anterior fusion is noted. The C6-7 level was unremarkable. EMG/NCV studies in November 2013 demonstrate the right ulnar neuropathy. The claimant is status post right radial plexus block with triamcinolone under ultrasound guidance with 70% pain relief of the right shoulder and right upper chest wall pain. Continued complaints of severe forearm pain radiating to the hand and mostly to the 1st and 3rd digits are noted. The claimant has had physical therapy and is currently taking Neurontin for the nerve pain. A home exercise program is under way. A request had been made for a right C6 and C7 nerve root epidural steroid injection under fluoroscopic guidance and was not certified in the pre-authorization process on 3/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

cervical spine ,right C6 and C7 nerve root epidural steroid injection under fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26MTUS (Effective July 18, 2009) Page 46 of 127 Page(s): 46.

Decision rationale: Epidural steroid injections are allowed when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the California Medical Treatment Utilization guidelines. Specifically, there is no physical exam findings to support the diagnosis and the diagnostic workup has been inconclusive for radiculopathy at this level with the prior ESI that was of no benefit and no focal neurologic deficits at the level of the proposed procedure, it is not established that the requested procedure is medically necessary. As such, the requested procedure is deemed not medically necessary.