

Case Number:	CM14-0053735		
Date Assigned:	07/07/2014	Date of Injury:	05/01/2010
Decision Date:	09/05/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	04/22/2014

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, 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 56-year-old female who reported an injury on 05/01/2010 due to cumulative trauma. On 01/31/2014, the injured worker presented with neck pain and right arm pain. The diagnoses were brachial plexopathy and ulnar neuropathy. Upon examination of the neck, there was decreased cervical range of motion and marked focal tenderness with trigger twitch response to palpation to the right brachial plexus, both supra and infraclavicular reproduced pain that radiated to the right triceps area and elbow area. Upon examination of the back, there was mild to moderate tenderness upon palpation of the trapezius and rhomboid muscles. There was decreased right elbow flexion, extension, and decreased sensation to pinprick to the right arm. Prior therapy included surgeries, an epidural steroid injection, and medications. The provider recommended a right C6-7 epidural steroid injection. The provider's rationale was not provided. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C6 and C7 epidural steroid injection under fluoroscopy guidance x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 55. Decision based on Non-MTUS Citation Official Disability Guidelines: low back chapter: ESI (epidural steroid injection).

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

Decision rationale: According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy, and no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker had a prior unsuccessful epidural steroid injection in the C6 and C7 levels. There was decreased cervical range of motion and marked focal tenderness upon palpation to the right brachial plexus in both supra and infraclavicular produced pain that radiated to the right triceps area and elbow area. However, further clarification is needed to address motor strength deficits and provocative testing to include a Spurling's test. In addition, documentation should show that the physical examination and diagnostic testing findings clearly corroborate radiculopathy and that the injured worker failed to show improvements with recommended conservative care to include physical medicine and medications. Moreover, the injured worker had a previously failed ESI. As such, the request for Right C6 and C7 epidural steroid injection under fluoroscopy guidance x2 is not medically necessary.