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| Case Number: | CM14-0058417 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 12/30/2010 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 04/18/2014 |
| Priority: | Standard | Application Received: | 04/29/2014 |

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 Family Medicine 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 48 year old female injured on 12/30/10 due to undisclosed mechanism of injury. Diagnoses included right upper extremity neuropathic pain, probable complex regional pain syndrome/reflex sympathetic dystrophy, cervical spine sprain/strain, and abnormal somatosensory potential possibly related to medial cord brachioplexopathy. Clinical note dated 03/31/14 indicated the injured worker presented complaining of symptomatic neck pain radiating to bilateral upper extremities, right greater than left. The injured worker reported no significant change in prior symptoms. The injured worker reported posterior headaches as a result of neck pain in addition to radiation of pain into the upper thoracic spine. The injured worker reported associated weakness affecting the right upper extremity with numbness and tingling affecting the fourth and fifth digits of the right hand along the ulnar nerve distribution. The injured worker also complained of increased anxiety and irritability. Prior treatment included physical therapy, psychological evaluation for spinal cord stimulator trial clearance, stellate ganglion blocks on 01/04/12 without sustained pain relief, and diagnostic studies. The injured worker underwent detox system cleanse in 01/14; however, noted increase in pain without medications and was offered opioid medications for pain relief. Medications included Ambien 10mg QHS, Xanax 0.5mg PRN, tramadol 50mg PRN, naproxen 550mg PRN, Prilosec 20mg BID, and Norco 10/325mg one to two tablets per day PRN. The injured worker reported pain reduced from 10/10 to 5/10 with medication noting 20-50% improvement in pain with current medication regimen. The injured worker reported improvement in function including ability to participate in activities of daily living including light household activities, self-care, and cooking. Physical examination revealed slightly anxious, gait unassisted, cervical range of motion flexion 35/extension 30/right rotation 50/left rotation 70/right lateral bending 15/left lateral bending 30 degrees, right sided cervical paraspinous tenderness extending into the right trapezius muscle, evidence of

hyperhidrosis of the right hand and forearm, swelling of the right hand, red and mild right hand compared to the left, decreased sensation to pin prick over the right fourth and fifth digits and palmar aspect of right hand, decreased sensation in ulnar aspect of right forearm, deep tendon reflexes 2+ in the left upper extremity. The injured worker declined significant interventional treatment including spinal cord stimulator in lieu of medication management. Prescription for Norco, tramadol, naproxen, Prilosec, and Trazadone provided. Consultation for urinary incontinence requested. Request for C6-7 epidural steroid injection under fluoroscopic guidance submitted. MRI of the lumbar spine revealed 3mm right paracentral disc protrusion at C6-7 causing mild to moderate neural foraminal stenosis. However, official radiologic request denied on 04/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection C8-C7 under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's) Page(s): 46.

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

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There were no official imaging or electrodiagnostic reports submitted for review. Additionally, documentation indicated the injured worker was choosing to refuse advanced interventions in lieu of medication management. There was no clarification if this would effect the epidural steroid injection. As such, the request for Epidural Steroid Injection C8-C7 under Fluoroscopic Guidance cannot be recommended as medically necessary.