

Case Number:	CM14-0064123		
Date Assigned:	07/11/2014	Date of Injury:	05/28/2008
Decision Date:	10/01/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/07/2014

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 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 32-year-old female who reported an injury on 05/28/2008. The mechanism of injury was not provided in the medical records. Her diagnoses include cervical strain, cervical degenerative disc disease, mild right C6 cervical neuritis, and right ulnar cubital tunnel syndrome. Her past treatment was noted to include multiple interventions for her right shoulder rotator cuff syndrome and SLAP tear, as well as right cubital tunnel syndrome. These treatments were noted to include cortisone injections, physical therapy, and medications. An MRI of the cervical spine was performed on 03/09/2009, and was noted to reveal concentric uncovertebral hypertrophy and minor bilateral facet hypertrophy at the C4-5 level, which produced mild left neural foraminal narrowing, and minimal right neural foraminal narrowing, as well as normal findings at the C5-6 level. Electrodiagnostic studies were performed on 12/21/2012, and those were noted to reveal evidence of persistent left ulnar sensory mononeuropathy with mild demyelination at 2 cm distal to the elbow, and a mildly prolonged right lateral antebrachial sensory SNAP, which was noted to be suggestive of a very mild lower trunk brachial plexopathy. On 11/18/2013, the injured worker presented with complaints of right upper extremity pain. It was noted that she had not seen the treating provider in over a year, but he had previously treated her for her right upper extremity complaints associated with ulnar neuropathy and her neck injury. At this visit, it was noted that she described radiating right arm pain. Her past treatments of her right shoulder and right upper extremity were reviewed. It was noted that she had reported pain radiating from her neck into her right forearm at the time of the visit. Her physical examination revealed normal motor strength overall in the right upper extremity, with some mild weakness in her right biceps, which was noted to be possibly related to pain from her SLAP tear. Her reflexes were noted to be intact. However, she was noted to have a positive Spurling's to the right, and paresthesias in the right biceps, and into the fourth and

fifth fingers. She was not noted to be taking medications at that time, and recommendations were made to begin Gralise. The treatment plan also included a left cervical epidural steroid injection at C5-6, due to the injured worker's persistent discomfort and pain, and her positive Spurling's maneuver, suggestive of acute irritation of the nerve root. The Request for Authorization form for this request was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5 and C5-C6 Transforaminal Epidural Steroid Injection: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections may be recommended to treat radiating symptoms and facilitate progression in therapeutic exercise programs when there is evidence of radiculopathy on physical examination and corroboration by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker has been initially unresponsive to conservative treatment with physical therapy, home exercise, anti-inflammatory medications, and muscle relaxants. Furthermore, epidural steroid injections must be given using fluoroscopic guidance. The clinical information submitted for review indicated that the injured worker had complaints of radiating pain from her neck into her right upper extremity. She was also noted to have a positive Spurling's maneuver to the right, mild weakness in the right biceps, and paresthesias into the right biceps and fourth and fifth fingers. However, she was not shown to have complaints of symptoms in the left upper extremity, or neurological deficits suggestive of radiculopathy in the left upper extremity. Her electrodiagnostic studies were not noted to reveal evidence of radiculopathy and her MRI was noted to reveal only evidence of mild left and minimal right neural foraminal narrowing at C4-5, and no significant pathology at C5-6. Based on this conflicting documentation, with symptoms and physical examination findings suggestive of possible radiculopathy in the right upper extremity, but mild left neural foraminal narrowing at C4-5 on MRI, and a recommendation on 11/18/2013 for a left epidural steroid injection, clarification is needed regarding the suggested laterality. Additionally, the documentation submitted for review indicated that she had been treated with extensive conservative treatment for the shoulder and carpal tunnel syndrome. However, the documentation did not clearly indicate that her neck and radiating upper extremity symptoms had been treated with initially recommended conservative treatment. Moreover, the documentation did not indicate whether she would be participating in a therapeutic exercise program after the recommended injection, or whether the injection would be given using fluoroscopic guidance. In the absence of these details, the requested injection is not supported. As such, the request is not medically necessary.