MAXIMUS Federal Services

Case Number:	CM13-0043788		
Date Assigned:	12/27/2013	Date of Injury:	02/01/2012
Decision Date:	02/25/2015	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/31/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Virginia
Certification(s)/Specialty: Neurology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, the patient is a 51-year-old with a date of injury of 2/1/2012. The mechanism of injury relates to an incident when the injured worker was tossing trash into a trash shoot and experienced a sudden onset of terrible, pulling and burning pain in her right arm. There is a clinical note dated 10/7/2013 in which the injured worker complains of right upper extremity pain at a level of 6/10. The pain is located in the right volar wrist area. There is allodynia and guarding at the wrist. There is numbness in both of her hands. There is tingling and numbness in the tips of the right index, long, and ring fingers. This sensation is constant in the fingertips. There is no involvement of the thumb. The injured worker has difficulty with pronation and supination of the right arm. The hands appear to be cold to touch as compared to the rest of the upper extremities. There is mottling of the skin on the right hand. There is pain on the use of the right upper extremity. The pain wakes up the injured worker at night. On clinical exam, there is no muscle atrophy and no scapular winging. Motor exam shows 4/5 strength throughout the left upper extremity and 4/5 strength in the right deltoid, 3/5 right triceps, 2/5 right wrist pronators and supinators as well as wrist flexors and wrist extensors. Finger extensors are 3/5 on the right. The right hand is in a permanent contracted position. There is allodynia over the right upper extremity up to the level of the right elbow. On the right hand, the skin over the palm R. surface of the tips of the fingers is slightly colder than the rest of the wrist and arm. There is a shiny appearance to the skin over the dorsum of the right hand. Reflexes are symmetric and 1 at the biceps, 2 at the triceps, absent at brachioradialis bilaterally. Sensory exam shows decreased sensory changes in the right than

middle, fourth and fifth fingers. The injured worker is diagnosed with right carpal tunnel syndrome, complex regional pain syndrome of the right upper extremity, right cervical radiculopathy, myofascial pain syndrome, right ulnar neuropathy at Guyon's canal and at the proximal ulnar groove, right medial and lateral epicondylitis. There is an EMG in the medical record dated 9/18/2013 which did not suggest any axonal peripheral nerve damage nor evidence of a cervical radiculopathy. There is an MRI of the cervical spine dated 4/30/2013 which showed a left paracentral disc bulge measuring 2.5-3 mm at the C5-C6 level with moderate effacement of the anterior subarachnoid space but no contact of the spinal cord. This did not extend to the neural foremen and there was no foraminal stenosis or nerve root impingement. The injured worker underwent a right stellate ganglion block and a right sympathetic cervicothoracic block of the right upper extremity done for diagnosis of complex regional pain syndrome of the right upper extremity on 5/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection at C5-C6: Upheld

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

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

Decision rationale: MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain. According to the guidelines, radiculopathy must be documented by the physical examination and corroborated by either imaging studies and/or electrodiagnostic testing. Additionally, the symptoms must be unresponsive to conservative treatment with either physical therapy or nonsteroidal anti-inflammatory medications and muscle relaxants. In the case of the injured worker detailed above, there is no evidence of a radiculopathy through either imaging studies with the documented MRI or with documented electrodiagnostic testing. Therefore, according to the guidelines and a review of the evidence, cervical epidural injection at the C5-C6 level is not medically necessary.