

Case Number:	CM14-0191924		
Date Assigned:	11/25/2014	Date of Injury:	07/21/2012
Decision Date:	01/12/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 64-year-old woman with a date of injury of 07/21/2012. A treating physician note dated 04/02/2014 identified the mechanism of injury as a fall, resulting in pain in the neck, elbows, knees, hands, and wrists. Treating physician notes dated 04/02/2014 and 10/08/2014 indicated the worker was experiencing neck pain that went into arms, headaches, and right shoulder pain. Documented examinations described tenderness and rigidity in the upper back muscles, trigger points associated with the upper back, decreased motion in both shoulders and the upper back joints, decreased sensation in the outer right arm and forearm following the C5 nerve path, and decreased grip strength. The submitted and reviewed documentation concluded the worker was suffering from a neck/upper back musculoligamentous injury with right arm radicular symptoms, internal derangements of shoulders, left lateral epicondylitis, and carpal tunnel syndrome involving both wrists. Treatment recommendations included injected medications near the spinal nerves of the upper back, injection of trigger points associated with the upper back, and follow up care. A Utilization Review decision was rendered on 10/25/2014 recommending non-certification for a right cervical C5-6 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at right C5-6: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement and at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks. The submitted and reviewed records indicated the worker was experiencing neck pain that went into arms, headaches, and right shoulder pain. Documented examinations described C5 and/or C6 radicular-type findings. However, a radiculopathy was not documented by either imaging or electrodiagnostic testing. In the absence of such evidence, the current request for a right cervical C5-6 epidural steroid injection is not medically necessary.