

Case Number:	CM14-0195469		
Date Assigned:	12/03/2014	Date of Injury:	07/11/2012
Decision Date:	01/20/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

This case involves a 28 year old female who sustained an injury on 7/11/12 after hitting her head against a metal shelf, while trying to pull a box. She exhibited dizziness, almost daily headaches (pain level 4/10), pain and numbness both hands, almost daily burning, stabbing, achy neck pain (pain level 5-7/10) and constant low back pain (pain level 6-7/10). As of 2/21/14, her symptoms are present 75% of the time, are worse at night and are aggravated by sound, light and physical activity. Her current medications include gabapentin, Norco and naproxen. She has had non-steroidal anti-inflammatory medications and physical therapy for six months with no benefit. She exhibited decreased cervical range of motion with multiple myofascial trigger points noted in the cervical paraspinal, trapezius, levator scapulae, scalene and infraspinatus muscles. Lumbar range of motion done with multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well as the gluteal muscles. Her neck compression test was positive. Her diagnoses include posttraumatic chronic daily headaches as well as vascular type headaches; chronic myofascial pain syndrome, cervical and thoracolumbar spine with mild left C-5 radiculopathy; and pain and numbness in bilateral upper extremities. She received right and left occipital nerve block (2/21/14). Her MRI of the brain (10/2/12), lumbar and cervical spines were unremarkable. Electrodiagnostic studies (3/14/14) revealed mild left C-5 radiculopathy and mild left ulnar nerve entrapment at the left elbow. As of 7/19/14, the injured worker is being treated with the above mentioned medications, ice, heat and TENS (transcutaneous electrical nerve stimulator) Unit for neck and shoulder pain. Her pain is increasingly becoming worse but she is able to perform activities of daily living independently. She has been off work since 7/11/12 and is temporarily partially disabled. It was noted, she should be precluded from repetitive cervical spine motion and possible restrictions affecting her chronic headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection with fluroscopic guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -neck, ESI

Decision rationale: Official Disability Guidelines (ODG) support ESI based on the following: Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); and injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment. The medical records do not indicate objective physical findings consistent with radiculopathy and there is no corroboration by imaging. As such, the medical records do not support the use of ESI congruent with ODG guidelines. Therefore, this request is not medically necessary.