

Case Number:	CM14-0207413		
Date Assigned:	12/19/2014	Date of Injury:	09/05/2013
Decision Date:	02/11/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/11/2014

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, 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 (IW) sustained an industrial injury on September 5, 2013. His date of birth was not documented in the medical record. Consequently, his age is unknown. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are status post right elbow cubital tunnel release; status post right hand carpal tunnel release; right shoulder impingement syndrome; cervical disc protrusions; cervical radiculopathy, right C6; lumbar disc protrusions and facet arthropathy; and lumbar spine myoligamentous sprain/strain. Pursuant to the progress report dated October 7, 2014, the IW complains of persistent pain and parathesias in the right upper extremity and the hand. He has right shoulder pain. He was given a subacromial cortisone injection four weeks ago with only temporary improvement. His most severe pain involves the cervical spine, radiating to the right upper extremity with parathesias, predominantly in the small finger and ring finger. Examination of the cervical spine reveals mild trapezial tenderness with slight restricted range of motion. Neurological exam is intact. Right hand examination reveals slight tenderness to deep palpation. There is some grip strength weakness. There is slight restricted ROM. Examination of the lumbar spine reveals no tenderness to palpation. There is slight decreased ROM with pain. Neurological exam is intact to the lower extremities. Electrodiagnostic studies performed February 20, 2014 shows bilateral median neuropathy (carpal tunnel syndrome), right ulnar neuropathy (cubital tunnel syndrome), and chronic C6 radiculopathy on the right. The provider is requesting a pain management consult. The current request is for Cervical Epidural Steroid Injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two Cervical Epidural Injection at C6 on the right under fluoroscopic guidance with IV sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Epidural Steroid Injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 2 cervical epidural injections at C6 on the right under fluoroscopic guidance with IV sedation are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria for use of epidural steroid injections include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; etc. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are status post right elbow cubital tunnel release; status post right hand carpal release; right shoulder impingement syndrome; cervical disc protrusions; cervical radiculopathy right C6; lumbar disc protrusions and facet arthropathy; and lumbar spine myoligamentous sprain/strain. The physical examination (October 7, 2014 progress note) does not contain any documentation of radiculopathy. The documentation indicates some grip strength weakness in the right hand and slight restriction in range of motion of the wrist. The right elbow has a grossly normal neurologic exam. MRI cervical spine showed a disc herniation at C5 - C6 with bilateral neuroforaminal narrowing. Electrodiagnostic studies showed bilateral median neuropathy (carpal tunnel syndrome), right ulnar neuropathy (cubital carpal syndrome) and chronic C6 radiculopathy on the right. It is unclear whether the weakness in right hand grip strength is due to radiculopathy, carpal tunnel syndrome or older nerve pathology. This is confirmed by the electrodiagnostic studies (supra). Consequently, absent objective physical examination documentation confirming the presence of radiculopathy, 2 Cervical Epidural Injections at C6 on the right under fluoroscopic guidance with IV sedation are not medically necessary.