

Case Number:	CM15-0005086		
Date Assigned:	01/16/2015	Date of Injury:	01/10/1997
Decision Date:	03/17/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 female patient, who sustained an industrial injury on 01/10/1997. 12/01/14 office note stated that claimant had failed a full course of conservative care including physical therapy. Acupuncture note from 12/03/14 documented complaints of continued pain. A follow up visit dated 12/01/2014 reported subjective complaints with chronic bilateral upper extremity and neck pain. The pain also radiates down her ventral side of left forearm; described as a burning/stabbing type pain. She also reported parasthesias in this region. She stated that acupuncture seemed to be helping in regards to neck muscle tension and pain. She also mentioned being apprehensive about undergoing electronic nerve study as the last one performed was painful and she wished to avoid another test. The prior nerve study noted performed on 03/15/2004 which found normal results. A cervical MRI on 11/25/14 showed C4-5 circumferential disc bulge causing mild central canal stenosis and moderate bilateral neural foraminal stenosis. At C5-6 moderate degenerative disc changes were associated with moderate bilateral neural foraminal stenosis and borderline central canal stenosis. No change in range of motion since last visit. Physical examination found cervical spine with tenderness to palpation along the right sided cervical paraspinal muscles with spasm and tension extending in to the right upper trapezius muscle. Range of motion of cervical spine was decreased by 20 percent with flexion, 30 percent with extension and 30 percent with rotation to the left. Sensations were decreased to light touch at the left ventral forearm compared to the right upper extremity. Bilateral wrists revealed a well healed scar along the ventral aspect bilaterally. Specific tests for carpal tunnel syndrome were negative. She is prescribed the following; Celebrex,

Cyclobenzaprine, Cymbalta, Fentanyl, Rozerem, Metformin and Simvastatin. She is diagnosed with carpal tunnel syndrome, pain in joint forearm, pain psychogenic and chronic neck pain. On 12/10/2014 Utilization Review non-certified requests for cervical epidural steroid injection at C5, each additional level, cervical epidurogram, insertion of cervical catheter under fluoroscopy and intravenous sedation, noting the CA MTUS ACOEM Neck and Upper Back chapters were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical epidural steroid injection at C5, each additional level (two times), cervical epidurogram, insertion of cervical catheter, fluoroscopic guidance with IV sedation:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: MTUS criteria for ESIs are met. Treating physician has documented symptoms, physical exam findings, and imaging findings consistent with cervical radiculopathy. There has been failure of a course of conservative treatment including medications, physical therapy, and acupuncture. No previous ESIs are documented.