

Case Number:	CM15-0008122		
Date Assigned:	01/26/2015	Date of Injury:	03/06/2014
Decision Date:	03/20/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/14/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 3/6/14. She has reported injury to upper back, neck and right upper extremity. The diagnoses have included cervical sprain with right upper extremity radiculopathy, right shoulder strain with spasms, right upper extremity and wrist strain and thoracic and lumbar sprain. Treatment to date has included oral medications and physical therapy. Cervical (MRI) magnetic resonance imaging dated 4/10/14 noted C3-4 left paracentral disc bulge no foramen stenosis or central stenosis and (EMG) Electromyogram studies performed on 10/31/14 were normal. Currently, the IW complains of upper back/neck pain, tightness and some right upper extremity problems. Exam of 12/12/14 noted some tenderness in right cervical paravertebral muscles, weakness and tremor with resisted flexion and gait is normal. She has taken a sabbatical from work to alleviate the symptoms. On 12/17/14 Utilization Review non-certified ESI injection to cervical spine at C3-C4, noting there is little information on improved function. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/9/15, the injured worker submitted an application for IMR for review of ESI injection to cervical spine at C3/C4.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI Injection To Cervical Spine AT C3-C4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with neck pain which radiation to right upper extremity. The current request is for ESI Injection To Cervical Spine At C3-C4. The treating physician report dated 1/9/15 (36C) states, "I talked to (Treating physician's assistant), and discussed him working her in and proceeding with the epidural. The patient has clear radiculopathy. MRI is not particularly impressive. This is diagnostic as well as potentially therapeutic." The MTUS guidelines on page 46 indicate that ESIs are recommended as an option for treatment of radicular pain when criteria are met. An EMG/NCV report dated 10/31/14 (91C) notes that all NCs and NEMG study of BUEs were normal. The physician notes in a report dated 1/9/15 that the patient is having increasing neck pain and right upper extremity radiculopathy. In this case, the physician is requesting an ESI for diagnostic purposes. The patient still experiences significant neck pain with radiation to the right upper extremity but tests have come back with no supporting evidence and the cervical MRI report dated 4/10/14 revealed left paracentral disc bulging with no herniation. In the medical records provided, the criteria for cervical radiculopathy has not been met. The current request is not medically necessary and the recommendation is for denial.