

Case Number:	CM15-0100994		
Date Assigned:	06/03/2015	Date of Injury:	04/11/2013
Decision Date:	07/03/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old female with an industrial injury with dates of 04/11/2013 and 06/23/2012. The injury dated 06/23/2012 is documented as twisting her knee while moving a gurney toward a helicopter on uneven ground. The 04/11/2013 injury is documented as a motor vehicle accident with whiplash, right shoulder sprain and thoracolumbar strain. Her diagnoses/ assessment included motor vehicle accident, rear-ended; cervical whiplash injury with left upper extremity numbness and tingling, right shoulder sprain possible labral tear, thoracolumbar strain and posterior medial headaches. Prior treatments included diagnostics, physical therapy, right knee surgery times 2, cervical transforaminal epidural steroid injection and medications. She presented on 04/17/2015 for follow up on cervical whiplash injury with left upper extremity radiculopathy. She had been working modified duty but was having increasing pain with driving, holding her arms forward and with pushing and pulling. She also complained of dominant shoulder blade pain on the left and almost daily headaches. She rated her pain level as 1-9/10. Physical exam noted tenderness in left upper back, neck, scapular and cervical paravertebral muscles. There was pain with neck rotation with a positive Spurling test. Left shoulder flexion also caused pain. Her medications included Cyclobenzaprine, Hydrocodone-Acetaminophen, Gabapentin, Ibuprofen and Omeprazole. MRI dated 09/03/2013 showed small disc protrusions at cervical 2-3 and cervical 3-4. There was no posterior displacement of the cord and no significant neural foraminal stenosis was noted. Electro diagnostic studies dated 12/30/2014 showed evidence consistent with mild right carpal tunnel syndrome and moderate left carpal tunnel syndrome. There was no electromyographic evidence consistent with a concurrent denervating left cervical radiculopathy. Treatment plan included proceed with epidural, carpal tunnel release (awaiting medical legal evaluation for the carpal tunnel syndrome) and modified duty to include minimize prolonged sitting, heavy lifting, pushing, pulling, reaching and frequent or occasional above the chest overhead work. This

request is for left cervical epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cervical epidural: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: Regarding repeat epidural injections, guidelines state that repeat blocks should be based on "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks," with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is indication that previous epidural injection on 2/21/2014 provided greater than 50% pain relief over 3-4 months, However, another repeat epidural injection on 12/12/2014 provided no significant relief. The patient has findings of C3-4 disc protrusion on cervical MRI in 9/2013. However, the most recent EMG and NCS studies performed on 12/30/2014 were negative for cervical radiculopathy. Due to these inconsistent findings, the currently requested repeat epidural steroid injection is not medically necessary.