

Case Number:	CM15-0141315		
Date Assigned:	07/31/2015	Date of Injury:	10/18/2013
Decision Date:	08/27/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

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 46 year old female, who sustained an industrial injury on October 18, 2013, incurring neck and upper back injuries. A cervical Magnetic Resonance Imaging revealed mild cervical stenosis and spurs. Electromyography studies showed denervation on the right cervical spine. She was diagnosed with cervical stenosis with myelopathy, bilateral lateral epicondylitis and osteoarthritis of the wrists. Treatment included epidural steroid injection, anti-inflammatory drugs, antiemetic medications, and activity modifications. Currently, the injured worker complained of neck pain radiating down the left arm and into the fingers of the left hand. She was noted to have restricted range of motion of the left upper extremity and neck. The treatment plan that was requested for authorization included repeat cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat cervical epidural steroid injection: 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
Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in October 2013 and is being treated for neck pain radiating into the left upper extremity. An MRI of the cervical spine is referenced as showing mild cervical stenosis. EMG/NCS testing had shown right-sided cervical radiculopathy. A cervical epidural injection was done on 03/05/15. She had pain rated at 3-5/10 afterward which was unchanged from prior to the injection. The procedure report was provided. The injection was done with the use of fluoroscopy including use of contrast dye. When seen, there was cervical spine tenderness with muscle spasms and decreased range of motion. There was bilateral wrist tenderness and right lateral epicondyle and extensor muscle tenderness. There was elbow pain with resisted wrist extension bilaterally. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, the claimant did not respond to the first injection in March 2015. In this case, the claimant did not respond to the first epidural steroid injection. Imaging findings do not corroborate a diagnosis of cervical radiculopathy and the right -sided electrodiagnostic findings to not correlate with her left sided symptoms. The injections does previously was done with fluoroscopy and contrast without apparent technical deficiency. The requested second epidural steroid injection was not medically necessary.