

Case Number:	CM15-0144803		
Date Assigned:	08/06/2015	Date of Injury:	10/19/2012
Decision Date:	09/09/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/27/2015

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

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 was a 51 year old female, who sustained an industrial injury, October 19, 2012. The injured worker previously received the following treatments Cyclobenzaprine, Gabapentin, Prilosec, Norco, Terocin Patch, analgesic topical ointment, physical therapy and acupuncture. The injured worker was diagnosed with cervical disc syndrome, left elbow sprain and strain and left carpal sprain and strain. According to progress note of June 8, 2015, the injured worker's chief complaint was intermittent burning and throbbing pain. The pain level was 8 out of 10 with complaints of headaches. The injured worker complained of left elbow pain which was 8 out of 10, achy and throbbing. The left wrist pain was 6-7 out of 10, intermittent and throbbing. The physical exam noted decrease range of motion to the cervical spine, extension of 50 degrees, flexion of 40 degrees. Left lateral bending 30 degrees, 1 right lateral bending of 30 degrees, left rotation of 70 degrees and right rotation of 70 degrees. The treatment plan included an epidural injection at the C3-C4 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection at C3-C4 level: 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 Page(s): 46, 47.

Decision rationale: The patient presents with cervical spine pain rated 8/10 and complains of headaches. The request is for EPIDURAL INJECTION AT C3-C4 LEVEL. The request for authorization is dated 06/08/15. Physical examination of the cervical spine reveals decreased range of motion. Patient is to continue acupuncture to decrease inflammation and increase circulation. Patient is to continue CMT/Physiotherapy to increase strength and ROM, and decrease pain. Patient's medications includes Cyclobenzaprine, Gabapentin, Prilosec, Norco, Terocin Patch and Topical Cream. Per progress report dated 07/06/15, the patient to remain off-work. MTUS page 46, 47 states that an ESI is Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. " In the therapeutic phase, 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." Per progress report dated 07/06/15, treater's reason for the request is "to help manage their pain and discomfort." MTUS requires documentation of radiculopathy by physical examination and corroborated by imaging studies. Physical examination of the cervical spine reveals decreased range of motion. No other exam findings or documentation of radiculopathy is discussed by the treater. Per orthopedic panel qualified medical re-evaluation report dated 03/07/15, examiner states, "She underwent EMG and nerve conduction studies, the results of which are not know. She states she also had an MRI of her cervical spine with x-rays of her neck." However, none of the studies were provided for review. In this case, radiculopathy is not documented with lack of dermatomal distribution of pain along with physical examination findings corroborated by MRI findings. Given the lack of documentation required by MTUS, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.