

Case Number:	CM15-0182380		
Date Assigned:	09/23/2015	Date of Injury:	06/15/2012
Decision Date:	10/29/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/16/2015

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: 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 42-year-old female with a date of injury on 06-15-2012. The injured worker is undergoing treatment for cervical strain, myofascial pain, C5-6 disc protrusion, left lateral epicondylitis and left carpal and cubital tunnel syndromes, post-operative releases on 02-10-2015, with evidence of chronic regional pain syndrome. In a physician note dated 07-14-2015 the injured worker was seen for a follow up status post right C4 transforaminal epidural injections on 06-24-2015, and she is "feeling a lot better". Her neck pain is improved and her headaches have improved. Her level of pain is currently 2 on a scale of 1 to 10. She had no tenderness along the cervical spine, paraspinals or upper trapezius. A physician progress note dated 08-25-2015 documents the injured worker's headaches and right upper neck pain have resolved since the right L4 transforaminal epidural injections was performed. She has right lower neck pain radiating to the upper trapezius. Her pain in her left arm and hand "is getting better", and feels her left wrist and hand ranges of motion are also improving. She is attending hand therapy and does exercises. Her level of pain is rated 4-5 out of 10 currently. She has tenderness at the right lower cervical paraspinals and upper trapezius. She has decreased sensation to touch in an ulnar nerve distribution at the left hand. Spurling's test on the right produced right lower neck and upper trapezius pain. She has had a previous right C6 transforaminal epidural injection in 2012 and it was very effective. Treatment to date has included diagnostic studies, medications, status post left cubital and left carpal tunnel releases on 02-10-2015, physical therapy and prior cervical epidural steroid injection. An unofficial Magnetic Resonance Imaging of the cervical spine revealed C3-4 and C5-6 disc protrusion. She

is not working. The Request for Authorization dated 08-26-2015 is for a right C6 epidural injection. The treatment plan includes continuing with hand therapy, and she is to continue in performing the therapeutic exercise for her upper extremity and neck, and a right C6 epidural injection is requested. On 09-08-2015 the Utilization Review non-certified the request for right C6 epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C6 epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS Guidelines have very specific criteria to justify the use of spinal epidural injections. This individual does not meet these Guideline criteria. The criteria include the presence of a well-defined active radiculopathy that corresponds with diagnostic results (MRI or electrodiagnostics). This individual does not have a right sided radiculopathy with changes in sensation or motor strength. In addition, the cervical MRI does not reveal any stenosis (central or foraminal). The official reading of the 12 cervical MRI was that it was normal. Under these circumstances, the request for the Right C6 epidural injection is not supported by Guidelines and is not medically necessary.