

Case Number:	CM15-0189319		
Date Assigned:	10/01/2015	Date of Injury:	10/25/2011
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/25/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 56 year old female, who sustained an industrial injury on 10-25-2011. The injured worker is undergoing treatment for: pain of the neck, upper back, low back, bilateral elbows, bilateral wrists and hands. On 3-13-15, she reported neck pain. She also reported pain to the upper back, low back, bilateral elbows, bilateral wrists and hands, left knee and right ankle and foot. Physical examination revealed tenderness in the neck with pain radiation into the bilateral upper extremities. There is no documentation of examination of other body parts. On 8-19-15, she reported pain to the neck, upper back, low back, bilateral elbows, bilateral wrists and hands. Physical examination revealed an intact light touch sensation to the left shoulder, left dorsal thumb web, left index tip and left small tip. The treatment and diagnostic testing to date has included: left elbow surgery (date unclear), x-rays of unspecified body parts (10-17-14). There is notation of magnetic resonance imaging and electrodiagnostic studies being completed (date unclear); however, there is no discussion of the results or reports. Medications have included: Atenolol, metformin, humira, and Tylenol. Current work status: modified. The request for authorization is for: epidural steroid injection at C5-C6. The UR dated 9-9-2015: non-certified the request for epidural steroid injection at C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection (ESI), Cervical C5-C6: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection (ESI) at C5 - C6 is not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Cervical ESI may be supported with the following criteria. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical spine disc bulge; thoracic spine disc bulge; lumbar spine disc bulge; right elbow strain; left elbow surgery; right wrist internal derangement; right-hand strain; left wrist internal arrangement and left hand strain. Date of injury is October 25, 2011. Request for authorization is September 1, 2015. According to an August 9, 2015 progress note, subjective complaints include neck, back, bilateral elbow wrist and hand pain. Objectively, light touch sensation of the left lateral shoulder, left dorsal thumb web, left index tip and left small tip are all intact. There is no objective evidence of radiculopathy on neurologic examination. There is no corroborating electrodiagnostic study or magnetic resonance imaging scans in the record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no objective evidence of radiculopathy on physical examination, electrodiagnostic study or corroborating magnetic resonance imaging scans, epidural steroid injection (ESI) at C5 - C6 is not medically necessary.