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| Case Number: | CM15-0193301 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 07/20/2014 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 09/25/2015 |
| Priority: | Standard | Application Received: | 10/01/2015 |

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 62 year old female with a date of injury on 07-20-2014. The injured worker is undergoing treatment for cervical spine radiculopathy probably caused as a result of left shoulder operative intervention, and status post cervical spine fusion in 2001. A physician progress note dated 09-15-2015 documents the injured worker has sensitivity in the digits 2 and 3 over the further aspect of the hand have become completely numb. The Electromyography was most suggestive of cervical radiculopathy on the left side. She has pain in her left arm and cervical spine, the neurodiagnostician found on the left the triceps showing 1+ fibrillations along with a neuropathic recruitment pattern. She continues to wake up at night due to pain at a level of 5 out of 10. Maximum sleep is 2 hours. She has Myasthenia gravis which is a great impediment to treatment. She uses Tylenol #3 as little as possible due to GI upset. She has a positive nerve root stretch in the left upper extremity which radiates from the cervical spine down the arm. She has dysesthesias over the index and second digit. My suggestion is to try a Medrol Dosepak and reevaluate in 2 weeks. The alternative is to perform a diagnostic epidural steroid injection. Cervical spine has decreased range of motion. She is not working. Treatment to date has included diagnostic studies, medications, physical therapy, and status post left shoulder arthroscopy with subacromial decompression. Current medication is Tylenol #3. An Electromyography done on 09-15-2015 was most suggestive of cervical radiculopathy on the left side which was suggested to be subacute but acute overlay could not be excluded. A Magnetic Resonance Imaging of the cervical spine done on 09-15-2015 showed moderate bilateral neuroforaminal narrowing at C5-6 and C6-7. There was no neuroforaminal narrowing. The treatment plan includes a cervical epidural steroid injection, physical therapy and a Medrol Dosepak. On 09-25-2015 Utilization Review non-certified the request for cervical epidural steroid injection diagnostic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection diagnostic: Upheld

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

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

Decision rationale: According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46 The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In this case the exam notes from 9/15/15 demonstrate the request for ESI and medrol dosepak were ordered at the same time. There has been no indication as to the response of the medication prior to proceeding with the ESI. In addition there is lack of evidence of failure of conservative care. The documents do indicate she had been attending physical therapy for her shoulder, it is unclear whether a program has been instituted specifically for her cervical spine radiculopathy. There is no official radiology report of imaging which corroborates the worker' symptoms. Therefore the determination is for non-certification. The request is not medically necessary.