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| Case Number: | CM15-0199090 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 09/04/2014 |
| Decision Date: | 11/23/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40 year old female sustained an industrial injury on 9-24-14. Documentation indicated that the injured worker was receiving treatment for cervical spine degenerative disc disease with radiculopathy, myofascial sprain and strain of the cervical spine and lumbar spine and lumbar spine degenerative disc disease. Previous treatment included physical therapy, transcutaneous electrical nerve stimulator unit, home exercise and medications. In a follow up evaluation and appeal for electromyography and nerve conduction velocity test of left upper extremity, the injured worker complained of neck and right shoulder pain with radiation to the right upper extremity associated with weakness, tingling and a burning sensation. The injured worker rated her pain 10 out of 10 on the visual analog scale without medications and 8 out of 10 with medications. Physical exam was remarkable for cervical spine with tenderness to palpation to the paraspinal with stiffness and spasm, range of motion restricted and painful with flexion 45 degrees, extension 30 degrees, right lateral flexion 15 degrees, left lateral flexion 30 degrees, right rotation 30 degrees and left rotation 45 degrees, questionably positive Spurling's, decreased sensation in the C5-C6 distribution with decreased muscle tone of the deltoid and biceps on the left compared to the right and 1+ left biceps and brachioradialis reflex. The physician was appealing a denial of electromyography and nerve conduction velocity test of the left upper extremity. The physician stated that the injured worker did have neurological findings that were note on the previous exam but not documented. On 7-30-15, a request for authorization was submitted for left C3-4 and C4-5 transforaminal epidural injection under fluoroscopic guidance. On 9-18-15, Utilization Review non-certified a request for left C3-4 and C4-5 transforaminal epidural steroid injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C3-C4 transforaminal epidural injection Qty: 1: 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 Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, ESI is indicated for those with radiculopathy confirmed on exam and with diagnostics. In this case, the claimant has C6 dermoatomal abnormalities. No imaging or diagnostics are available to confirm level of nerve root involvement. The request for the ESI at C3-C4 do not correlate to findings and the request for the ESI is not medically necessary.

Left C4-C5 transforaminal epidural injection Qty: 1: 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 Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, ESI is indicated for those with radiculopathy confirmed on exam and with diagnostics. In this case, the claimant has C6 dermoatomal abnormalities. No imaging or diagnostics are available to confirm level of nerve root involvement. The request for the ESI at C4-C5 do not correlate to findings and the request for the ESI is not medically necessary.

Fluoroscopic guidance: 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: Although ESIs are recommended to be performed under fluoroscopy, since the ESIs above are not recommended, the fluoroscopy is not medically necessary.