

Case Number:	CM15-0201552		
Date Assigned:	10/16/2015	Date of Injury:	12/05/2009
Decision Date:	11/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon, Washington
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 46 year old female, who sustained an industrial-work injury on 12-5-09. She reported initial complaints of neck, shoulder, and low back pain. The injured worker was diagnosed as having right medial and lateral elbow tendonitis repair and carpal tunnel release. Treatment to date has included medication, surgery (right shoulder arthroscopy and right CTR (Carpal Tunnel Release) in 2011), ESI (epidural steroid injection) in May and June 2014. Currently, the injured worker complains of increased left sided neck pain, jaw pain, and head pain along with left arm, elbow, and wrist pain. The left arm was still numb following release. Therapy is helping symptoms. Per the primary physician's progress report (PR-2) on 9-14-15, exam noted tenderness over the medial and lateral epicondyles, no tenderness over the olecranon, elbow range of motion is 0-140 degrees, decreased sensation in the ring and small finger, and motor exam is normal. Current plan of care includes continuing therapy and home exercises, ice and anti-inflammatory meds as needed. The Request for Authorization requested service to include Cervical epidural steroid injection at C7-T1. The Utilization Review on 9-28-15 denied the request for Cervical epidural steroid injection at C7-T1, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Neck and Upper Back Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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 9/4/15 do not demonstrate a radiculopathy that is specific to a dermatome on physical exam. In addition there is lack of evidence of failure of conservative care. Therefore the determination is not medically necessary.