

Case Number:	CM15-0204210		
Date Assigned:	10/21/2015	Date of Injury:	09/09/2014
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/17/2015

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 37 year old female who sustained an industrial injury on 9-9-14. A review of the medical records indicates that the worker is undergoing treatment for disc protrusion-bulge-herniated nucleus pulposus, degeneration-cervical disc, kyphosis C-spine (unspecified), sprain-wrists, bilateral carpal tunnel syndrome, sprain-elbows, and bilateral elbows-neuropathy, ulnar. Subjective complaints (9-10-15) include "her neck is feeling better since the epidural injection", radicular pain in the right arm down to the elbow, numbness and tingling in both hands, limited range of motion, headaches, increased dizziness, bilateral wrist and hand pain, electric sensation in right wrist and hand, right shoulder "better since her last office visit" and occasional clicking, limited range of motion, stiffness and tightness. Objective findings (9-10-15) include cervical spine forward flexion is 45 degrees, extension is 45 degrees, rotation is 55 degrees to the right, 65 degrees to the left, and lateral flexion is 45 degrees bilaterally. Noted is approximately 40% reported relief after the epidural steroid injection and a reported 30% relief after the second cervical epidural steroid injection at C5-C6 done on 8-11-15. Work status was noted as total temporary disability. Previous treatment includes epidural steroid injection C5-C6 (second one done 8-11-15), Tramadol, Tylenol #3, Motrin, Soma, Terocin Cream, chiropractic treatment, and acupuncture. The requested treatment of cervical epidural steroid injection at C5 and Functional Capacity Evaluation for the cervical spine, right shoulder, and bilateral upper extremities was non-certified on 9-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine ESI (epidural steroid injection) at C5: 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)." These guidelines regarding epidural steroid injections continue to state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." CA MTUS, Neck and Back Complaints, Initial Care states that "cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise." Facet injections are not recommended per the Summary of Recommendations table. In this case the exam notes from 9/10/15 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. And finally CA MTUS guidelines state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Therefore the determination is for non-certification. The request is not medically necessary.

FCE (functional capacity evaluation) for the cervical spine, right shoulder and bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty / FCE.

Decision rationale: The California MTUS does not specifically address functional capacity evaluations. According to the Official Disability Guidelines regarding FCE, recommended prior to admission to a Work Hardening (WH) Program. Consider an FCE if 1. Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. In this case it is unclear if the claimant has had unsuccessful attempts at return to work or if the claimant is approaching maximal medical improvement. Therefore the determination is for non certification. The request is not medically necessary.