

Case Number:	CM15-0216120		
Date Assigned:	11/05/2015	Date of Injury:	05/07/2011
Decision Date:	12/18/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/03/2015

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 53 year old female who sustained an industrial injury on 5-7-11. The injured worker reported bilateral hand pain, neck pain and left shoulder pain. A review of the medical records indicates that the injured worker is undergoing treatments for mild right C5 radiculopathy, mild to moderate right carpal tunnel syndrome, early entrapment of left ulnar nerve at the left elbow and injury of left shoulder. Provider documentation dated 3-18-15 noted the work status as deferred. Treatment has included electrodiagnostic testing, magnetic resonance imaging, radiographic studies, physical therapy, computed tomography, Soma since at least March of 2015, Motrin since at least March of 2015, Xanax since at least March of 2015 and Norco since at least March of 2015. Objective findings dated 3-18-15 were notable for "trapezius and sternocleidomastoid muscles of normal motor power", sensation noted to be grossly intact throughout, "proximal muscles of the left upper extremity were not tested due to pain". The original utilization review (10-7-15) denied a request for a cervical spine epidural steroid injection C3-4 and C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine epidural steroid injection C3-4 and C4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and 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 3/8/15 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. Thus, the proposed injection is not medically necessary and the determination is for non-certification.