

Case Number:	CM15-0040152		
Date Assigned:	03/10/2015	Date of Injury:	05/26/2011
Decision Date:	04/21/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old female who sustained an industrial injury on 05/26/2001. Current diagnoses include cervical spine bulging, cervical spine radiculopathy, and carpal tunnel release. Previous treatments included medication management, home exercise program, TENS unit, assistive pulley device, and heat pad. Report dated 01/15/2012 noted that the injured worker presented with complaints that included increased left shoulder, right shoulder, left wrist, and right wrist pain. Pain level was rated as 5 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included referral for an epidural cervical and steroid injection right finger, and previous medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (ESI) (level not given): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient present with bilateral shoulder and bilateral wrist pain, rated 5/10. The request is for CERVICAL EPIDURAL STEROID INJECTION (ESI) (LEVEL NOT GIVEN). Physical examination to bilateral wrists on 01/15/15 revealed tenderness to palpation over dorsal crease and volar crease. Per 02/12/15 progress report, patient's diagnosis include occipital neuropathy, occipital neuralgia, musculotendinligamentous injury C/S, disc bulging C/S (rule out), radiculopathy C/S, carpal tunnel release (both), adjustment reaction with depression secondary to chronic pain and disability, chronic pain and disability with delayed functional recovery, carpal tunnel syndrome wrist (both), cubital tunnel syndrome elbow (both), bursitis shoulder, wrist derangement (both), wrist instability (both), shoulder scapulo-thoracic musculo-tendinous injury (both), cervical radiculopathy brachial neuritis, bicipital tendosynovitis, shoulder (both), impingement syndrome shoulder (both), medial epicondylitis elbow (both), lateral epicondylitis elbow (both), insomnia, acromioclavicular sprains and strains (both), musculotendinligamentous injury shoulder (both), tendinligamentous injury elbow (both), endinligamentous injury wrist (both), and musculotendinligamentous sprain T/S. Patient's medications, per 01/15/15 progress report include Senokot, Lidoderm 5% Patch, Voltaren 1% Gel, Neurontin, Baclofen, Fioricet, MS Contin, and Norco. Patient is temporarily totally disable. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Treater has not provided a reason for the request. The patient is diagnosed with cervical radiculopathy. There are no records of prior ESI injections. MTUS guidelines support ESIs in patients when radiculopathy is documented by physical examination and corroborating imaging or electrodiagnostic studies. However, in review of the medical records provided, there are no imaging or electrodiagnostic studies included. The request does not meet the guidelines, due to lack of required documents, and therefore, it IS NOT medically necessary.