

Case Number:	CM15-0045163		
Date Assigned:	03/17/2015	Date of Injury:	04/20/2012
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/10/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 48 year old female, who sustained a work/ industrial injury on 4/20/12. She has reported initial symptoms of right elbow, shoulder, forearm, wrist, and right knee pain. The injured worker was diagnosed as having right radial head fracture, shoulder contusion, wrist contusion and possible complex regional pain syndrome (RSD). X-rays revealed nondisplaced right radial head fracture. Treatments to date included medication, stellate ganglion blocks, occupational therapy, and acupuncture. Magnetic Resonance Imaging (MRI) of the cervical spine noted posterior disc bulge at C3-4 with mild midline central canal narrowing. At C4-5 posterior disc protrusion with moderate central canal narrowing, At C5-6 disc protrusion and moderate to severe right neural foraminal narrowing. At T2-3 there was disc space narrowing with loss of nucleus pulposus and disc protrusion with mild to moderate right sided compression of the dura. MRI of right shoulder revealed acromioclavicular joint arthrosis with distal clavicular reactive bone marrow edema-stress changes. Electromyogram/nerve conduction velocity (EMG/NCV) of the right upper extremity was normal. Currently, the injured worker complains of neck pain with popping and numbness and tingling in the arms and hands. The treating physician's report (PR-2) from 1/19/15 indicated there was positive axial compression tot the right side of the neck. Medications included Nucynta, Brintellix, Colace, Ambien, and Topamax. Treatment plan included Cervical epidural steroid injection right C5-C6, Fluoroscopy, Consultation with a spine specialist, cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection right C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, 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. Epidural Steroid Injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. In addition, there is no clinical and objective documentation of radiculopathy. Electromyogram/nerve conduction velocity (EMG/NCV) of the right upper extremity was normal. MTUS guidelines do not recommend Epidural Injections for neck pain without radiculopathy. Therefore, the request for Cervical Epidural Steroid Injection right C5-C6 is not medically necessary.

Fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: Since the Cervical epidural steroid injection right C5-C6 is not medically necessary, the request of fluoroscopy is not medically necessary.

Consultation with a spine specialist, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 171.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a psych evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There provider needs to support his request with a complete clinical assessment. Therefore, the request for Consultation with a spine specialist is not medically necessary.