

Case Number:	CM15-0053921		
Date Assigned:	03/27/2015	Date of Injury:	09/08/2010
Decision Date:	05/14/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/21/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 27-year-old female who reported an injury on 09/09/2010 and the mechanism of injury was the injured worker was performing her usual and customary work when 2 plastic rolls weighing approximately 12 to 14 pounds hit her in the head and shoulder. The documentation of 03/10/2015 revealed the appeal letter was written regarding the denial for the physician request for a cervical epidural steroid injection at C3-4 and C4-5, cervical epidurogram, insertion of cervical catheter, fluoroscopic guidance, and IV sedation. The injured worker exhausted conservative management including physical therapy, chiropractic treatment, a home exercise program, and oral medications. The injured worker had neck pain and left shoulder pain. The injured worker indicated that she had numbness in her 1st through 3rd digits of her hand. The injured worker was noted to see a physician for a surgical consultation who recommended a cervical epidural steroid injection. The recommendation was for an EMG, updated cervical MRI, and flexion and extension studies. The injured worker indicated she had a cervical MRI, cervical flexion and extension x-rays and an EMG recently. The injured worker was requesting a cervical epidural steroid injection. The request was made for a left cervical epidural steroid injection at C4-5 and C5-6, a cervical epidurogram, and insertion of catheter with fluoroscopic guidance and IV sedation, which was denied. The physical examination revealed the injured worker had a positive Spurling's test with pain radiating into the left upper extremity. The Hoffman's test was dynamically positive to the right side. Sensation was intact to light touch in the bilateral upper extremities with a positive Tinel's over the left elbow consistent

with left cubital syndrome. The EMG of the bilateral upper extremities per the physician documentation was dated 02/11/2015 and it was an abnormal study. There was electrodiagnostic evidence of a mild ulnar neuropathy at the left elbow. There was no electrodiagnostic evidence of cervical radiculopathy, plexopathy, myopathy, or peripheral neuropathy or diffuse polyneuropathy. The MRI of the cervical spine dated 01/28/2015 per the physician documentation indicated at the level of C3-4 and C4-5, there was slight disc narrowing with circumferential 1 mm disc bulges and mild unciniate hypertrophy and foraminal narrowing with no significant foraminal stenosis. The physician documented that the injured worker continued to have chronic neck pain and shoulder pain. The physical examination revealed a positive Spurling's with pain radiating into the left upper extremity and the Hoffman's reflex was dynamically positive to the right side. The injured worker was noted to have an MRI in 2011 that showed degenerative changes. A request was made again for a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C3-C4 and C4-C5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule recommend epidural steroid injections when there are objective findings upon physical examination that are corroborated by imaging or electrodiagnostic studies. There should be documentation the injured worker has had a failure of conservative care including physical medicine, exercise, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination and had a failure of conservative care. However, the electrodiagnostics and the MRI did not support nerve impingement. The injured worker was noted to have an MRI in 2011 that showed degenerative changes; however, the recent MRI of 01/28/2015 did not. Given the above, the request is not medically necessary.

Cervical Epidurogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Insertion of Cervical Catheter Fluoroscopic Guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

IV Sedation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.