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| Case Number: | CM15-0083648 | | |
| Date Assigned: | 05/05/2015 | Date of Injury: | 01/23/1998 |
| Decision Date: | 06/09/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 05/01/2015 |

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: Preventive Medicine, Occupational 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 60 year old female, who sustained an industrial injury on 1/23/1998. She reported repetitive strain injuries while working with heavy machinery. The injured worker was diagnosed as having cervical radiculopathy, herniated nucleus pulposus cervical spine, status post bilateral cubital tunnel release, bilateral wrist flexor tendon tenosynovitis, and bilateral shoulder subacromial bursitis. Treatment to date has included diagnostics, transcutaneous electrical nerve stimulation unit, physical therapy, and medications. Currently, the injured worker complains of cervical pain with upper extremity symptoms (rated 7/10), left medial elbow pain (rated 7/10), right medial elbow pain (rated 5/10), right shoulder pain (rated 6/10), and left shoulder pain (rated 5/10). Medications included Cyclobenzaprine, Naproxen, Omeprazole, and Ambien. Physical exam of the cervical spine noted decreased range of motion, and tenderness to the bilateral shoulders was noted, along with limited range of motion. The treatment plan included a diagnostic epidural injection to the cervical spine, unspecified level. A progress report, dated 11/11/2014, noted previous treatments to included epidural steroid injections (area and results not specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Epidural Injection to The Cervical Spine (Level Not Specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injection.

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

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment; 3) Injections should be performed using fluoroscopy for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block; 5) No more than two nerve root levels should be injected using transforaminal blocks; 6) No more than one interlaminar level should be injected at one session; 7) 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; 8) No more than 2 ESI injections. The available records state that the injured worker has received previous epidural steroid injections but they do not indicate how many or where they were located. The current request is not specific and does not state where the injection will be given. There is no indication of radiculopathy in the physical exam and there are no imaging studies available for review to support this request. The request for diagnostic epidural Injection to the cervical spine (Level Not Specified) is determined to not be medically necessary.