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| Case Number: | CM14-0130371 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 05/09/2011 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 08/15/2014 |

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. The expert reviewer is Board Certified in Hawaii and California and is licensed to practice in Occupational Medicine. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old female employee with date of injury of 5/9/2011. A review of the medical records indicate that the patient is undergoing treatment for cervicobrachial syndrome (diffuse), shoulder pain, brachial neuritis or radiculitis, lateralepicondylitis. Subjective complaints include neck and bilateral upper extremity pain and hypersethia to touch at C6-T1 (7/2/2014). Objective findings include restricted range of motion in cervical spine; hypertonicity, tenderness and tight muscle band noted on both sides of paravertebral muscles; tenderness noted on C6 and C7, paracervical muscles, rhomboids, and trapezius; Spurling's test produced pain in neck muscles radiating to upper extremity, and decreased sensation to C8-T1 distribution. Treatment has included medications for Ultram, Prednisone, Cymbalta, Lyrica, and Skelaxin. Medications as of 7/16/2014 included Prilosec 20mg, Nabumetone 750mg, Neurontin 100mg and Skelaxin 800mg. Pain did improve as a result of these medications. The utilization review dated 7/17/2014 non-certified the request for Cervical Epidural Steroid Injection At C7-T1 Under Fluoroscopic Guidance because no connection was established between EMG and sensory changes in 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 At C7-T1 Under Fluoroscopic Guidance: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Subjective and objective findings do indicate dermatomal distribution of radicular pain. There were no medical documents provided to conclude that a home exercise program is ongoing. MTUS further defines the criteria for epidural steroid injections to include, "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing..." In this case, there is no documented radiculopathy with subjective complaints and some objective findings. However, it is not corroborated by imaging studies or electrodiagnostic testing, which is necessary per criteria. Medical notes do indicate failure of some medications, but do not indicate "unresponsiveness" to other conservative medications, exercises, or physical methods. As such, the request for a cervical epidural steroid injection at C7-T1 under fluoroscopic guidance is not medically necessary.