

Case Number:	CM14-0143455		
Date Assigned:	09/10/2014	Date of Injury:	08/15/2013
Decision Date:	10/16/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/04/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 71-year-old female who reported an injury on 08/15/2013. The mechanism of injury was a large cage fell on her neck and shoulders when she was pushing it into a truck. The injured worker is diagnosed with cervical radiculopathy, neck sprain, adhesive capsulitis of shoulder, and sprain/strain of shoulder/ upper arm. The injured worker's past treatments included medications, physical therapy, and home exercise program. The medical records did not indicate pertinent diagnostic testing or surgical history. On the clinical note dated 08/13/2014, the injured worker complained of neck, low back, pain and shoulder pain rated 8/10. The injured worker had forward flexion and restricted active range of motion to the left shoulder. The injured worker had cervical Spurling's that caused neck pain and shoulder pain. On the clinical note dated 07/10/2014, the injured worker was prescribed Ketofen 10%/lido 10%/gabapentin 6% lotion 1 to 2 grams 3 times a day as needed, naprosyn, Celebrex, and tramadol 50 mg 4 times a day as needed. The frequency and dosage for the other medications was not provided. The request was for intralaminar epidural injection of C6-7. The rationale for the request was for cervical radiculopathy. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 Intralaminar epidural injection: Upheld

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

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

Decision rationale: The injured worker is diagnosed with cervical radiculopathy, neck sprain, adhesive capsulitis of the shoulder, and sprain/strain of shoulder and upper arm. The injured worker complains of neck, low back, and shoulder pain rated 8/10. The California MTUS Guidelines recommended epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and documentation of initial unresponsiveness to conservative treatment. Injections should be performed using fluoroscopy guidance. No more than one intralaminar level should be injected at 1 session. The injured worker had positive Spurling's to the cervical spine that caused neck pain and shoulder pain. There is a lack of documentation of imaging studies to corroborate radiculopathy. Additionally, the request does not indicate the epidural steroid injection to be used with fluoroscopy guidance. As such, the request for C6-C7 Intralaminar epidural injection is not medically necessary.