

Case Number:	CM14-0150527		
Date Assigned:	09/18/2014	Date of Injury:	06/11/2011
Decision Date:	10/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This injured worker is a 38-year-old female patient who sustained an industrial injury on 08/11/11 and was diagnosed with sprain of neck. Mechanism of injury appears to be continuous trauma causing pain in the neck, right shoulder and right hand as well as low back pain with radiation up the back. Previous treatment has included psychotherapy, injection for pain to the right shoulder, topical pain creams, oral medications, physical therapy, and chiropractic treatment. Psychological evaluation indicated Axis I diagnoses of major depressive disorder single episode, mild; anxiety disorder not otherwise specified; insomnia related to anxiety disorder not otherwise specified and chronic pain; female hypoactive sexual desire disorder due to chronic pain; stress-related psychological response affecting general medical condition, gastric disturbances, and headaches. MRI of the shoulder performed 05/31/13 revealed acromioclavicular osteoarthritis. No evidence of occult rotator cuff tears. MRI of the wrist performed on 05/31/13 revealed subchondral cyst formation within the lunate. On 06/20/14 the patient presented reporting feeling worse complaints of neck pain rated at 8/10. She reports the pain is associated with subjective weakness, numbness and swelling in the right hand. Pain radiates to the right shoulder, arm and hand. She is currently off work. Physical examination revealed tenderness to palpation at the cervical spine. There were trigger points noticeable in the right upper trapezius muscle and a manual muscle testing revealed 4/5 strength with flexion, extension, bilateral rotation and bilateral flexion. Range of motion was restricted secondary to pain and spasm. Neurological examination was within normal limits. MRI of the cervical spine was requested, which was performed on 07/03/14 and revealed a 3 cm disc protrusion with annular tear effacing the thecal sac at C5-C6 and a 1.5 mm central disc protrusion at C6-C7. On 08/01/14, the patient reported a pain level of 9/10. Physical examination revealed neurological exam was within normal limits. On 08/29/14, neurological examination was within normal

limits and a cervical epidural steroid injection was recommended. Medications include Cyclobenzaprine 7.5 mg #60, Tramadol ER 150 mg #60, Naproxen sodium 550 mg #60 and Ondansetron 4 mg #30. A request for cervical epidural steroid injection at C7-T1 was not certified a utilization review on 09/11/14 with the reviewing physician noting that most recent clinical findings noted no documentation of neurological deficits. Neurological examination was within normal limits on several examinations from March to present. There was no evidence of radiculopathy. Additionally, MRI documented pathology at C5-6 and C6-7 and is within normal limits at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injections at C7 - T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs); Criteria for the use of epidur.

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

Decision rationale: The CA MTUS guidelines note that epidural injections can be considered when there is documentation of objective radiculopathy on physical examination, corroborating with diagnostic imaging, and failure of conservative measures. In this case, there are no objective findings on examination indicative of radiculopathy, and there were no corroborative imaging studies included for review. Multiple physical examinations identify the patient to be neurologically intact. MRI does not identify pathology at C7-T1 to corroborate radiculopathy. There are no objective findings to support a diagnosis of cervical radiculopathy or to support an epidural steroid injection. Therefore, the requested cervical epidural steroid injection at C7-T1 is not medically necessary.