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| Case Number: | CM14-0162225 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 01/28/2013 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 09/24/2014 |
| Priority: | Standard | Application Received: | 10/02/2014 |

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 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:

The injured worker is a 28-year-old female who reported injury on 01/28/2013. Reportedly, the injured worker sustained repeated industrial injury as well as being verbally attacked by her supervisor. The injured worker's treatment history included psychological evaluation and treatment, x-ray studies, medications, and injections. The injured worker was evaluated on 09/02/2014 and it was documented the injured worker complained of exacerbations of her neck, with tingling and numbness in the right arm more than the left. The shoulder discomfort did decrease substantially with injection, although she continued to have some clicking and popping in the shoulder. The elbow pain was improved with medication. Physical examination revealed a substantial attenuation of tenderness noted involving the lateral aspect of the shoulder with decreased tenderness about the subdeltoid bursa. There was moderate residual tenderness in the paracervical region, with modest muscle guarding on the right side. Spurling sign was associated with discomfort that extended into the right arm. Hawkins and Neer signs were negative at the time of this examination. No suggestion of shoulder instability was noted. Diagnoses included cervical radiculitis with bilateral C5 and C6 encroachment, right shoulder tendinopathy, and right lateral epicondylitis. A Request for Authorization was not submitted for this review.

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 C4-C5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.acoempracguides.org/Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Injured workers must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In addition, the provider stated the injured worker has undergone previous epidural steroid injections; however, previous outcome measures were not submitted for review. As such, the request for cervical epidural steroid injection at C4-C5 is not medically necessary.