

Case Number:	CM14-0180062		
Date Assigned:	11/05/2014	Date of Injury:	04/06/2010
Decision Date:	12/17/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/29/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 56 year old female who was injured at work on 04/06/2010. She is reported to be complaining of increasing neck pain that radiates to her right upper limb. The pain is 9/10; it is associated with weakness of her right hand. Additionally, she complains of low back pain that radiates to the right lower extremity. The pain improves with medications, and she is able to function on daily basis, though she has needed higher doses of Norco at 2-3 tablets a day. She has remained off work. The physical examination revealed mild pain distress, antalgic gait favoring the left extremity, limited range of motion of the cervical spine, lumbar spine and right shoulder, diminished sensations in the outer part of the thighs and feet bilaterally, tenderness to palpation over the lumbar paravertebral musculature and sciatic notch region, trigger points and tight bands, and positive straight leg raise. Deep tendon reflexes were decreased in the right triceps and brachio-radialis, while the grip strength was weak in the right hand. The cervical MRI of 06/7/13 revealed degenerative disease with 2 mm posterior disc bulging at C4-5 with bilateral mild to moderate neural foraminal stenosis and 2mm disc bulging at C5-C6 with neural foraminal narrowing on the left; Nerve studies done on 01/7/14 revealed right carpal tunnel syndrome without motor radiculopathy in the right upper extremity; right shoulder MR arthrogram of 06/9/14 revealed partial tear of the supraspinatus. The worker has been diagnosed of cervical discopathy with radiculopathy, cervicogenic headaches, right shoulder internal derangement, adjustment disorder with mixed depression and anxiety. Treatments have included arthroscopic right shoulder subacromial decompression in 4/2/2011; diagnostic lumbar epidural injection, Norco, Anaprox, and Prilosec. At dispute is the request for retrospective request for 1 fluoroscopically guided diagnostic catheter-directed cervical epidural steroid injection at the right C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 fluoroscopically guided diagnostic catheter-directed cervical epidural steroid injection at the right C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The injured worker sustained a work related injury on 04/06/2010. The medical records provided indicate the diagnosis of cervical discopathy with radiculopathy, lumbar spine myoligamentous injury, and medication induced gastritis, and right shoulder internal derangement, adjustment disorder with mixed depression and anxiety. Treatments have included arthroscopic right shoulder subacromial decompression in 4/2/2011; diagnostic lumbar epidural injection, Norco, Anaprox, and Prilosec. She had reviewed approval for cervical epidural steroid injection, but she cancelled it because she felt the pain will subside. The medical records provided for review do not indicate a medical necessity for 1 fluoroscopically guided diagnostic catheter-directed cervical epidural steroid injection at the right C5-C6. The California Medical Treatment Utilization Schedule (MTUS) recommends epidural steroid injections for as an option for treatment of radicular pain with corroborative findings of radiculopathy documented by physical examination and imaging and or nerve studies. Therefore, since the MRI and the Nerve studies failed to confirm the presence of radiculopathy, the requested treatment is not medically necessary and appropriate.