

Case Number:	CM13-0041125		
Date Assigned:	12/20/2013	Date of Injury:	09/13/2013
Decision Date:	05/26/2015	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/25/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old female, who sustained an industrial injury on 9/13/13. She reported shoulders, wrists, right elbow and left leg and foot injury. The injured worker was diagnosed as having shoulder impingement, upper back pain, bilateral wrist sprain, left hamstring sprain and left ankle sprain. Treatment to date has included oral medications, shoulder injections and activity restrictions. The MRI of the cervical / thoracic spine was noted to show disc bulges but no nerve impingements. Currently, the injured worker complains of moderate and persistent musculoskeletal pain over both shoulders, wrists, right elbow, left hamstring and left foot. The physical exam noted trapezius muscle tenderness and right trapezius muscle tenderness with limited range of motion of cervical spine; right shoulder tenderness of deltoid muscle, supraspinatus muscle and trapezial tenderness; right elbow revealed lateral epicondyle tenderness, right wrist revealed carpal tunnel tenderness, left wrist revealed carpal tunnel tenderness with painful range of motion and left ankle revealed anterior lateral gutter tenderness. The treatment plan included referral for physical therapy, oral medications, topical medications and steroidal injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT TRANSFORAMINAL EPIDURAL STEROID INJECTION AT RIGHT C7-T11 UNDER FLUOROSCOPY: 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 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain injections can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and PT have failed. Epidural steroid injection is a recommended treatment option for discogenic radiculopathy pain. The records did not show subjective, objective or radiological findings consistent with the diagnosis of cervical / thoracic radiculopathy. There is no documentation of failure of multimodal medications treatment including anticonvulsants. The diagnosis for outpatient right C7-T1 transforaminal epidural steroid injection under fluoroscopy was not met. The request is not medically necessary.