

Case Number:	CM14-0193803		
Date Assigned:	12/01/2014	Date of Injury:	08/07/2012
Decision Date:	01/20/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/19/2014

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 Family 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:

Per pain management evaluation dated 10/14/14, the 40 year old female presented to her appointment with complaints of neck, right shoulder, and right upper extremity pain which she rates 8/10. She complains of weakness in the right hand and arm. According to 10/29/14 exam with orthopedic surgeon, cervical pain, 9/10. Pain worsens with sudden neck movements and patient still has numbness and tingling in right hand and all digits. Per 5/6/14 note, cervical pain 7/10. Per 7/31/14 notes, cervical pain 6/10. Treating/Referral Provider Findings: Upon initial physical examination with pain management provider, the provider noted decreased sensation to pinprick along C7-8 dermatomes, discomfort along the distal cervical spine on the right versus left. Conservative Treatment to Date: The injured worker has been treated with NSAIDs, acupuncture, physical therapy (92 sessions and still going) and 2 cervical epidural steroid injections. Her Naprosyn was stopped recently, muscle relaxants were recently stopped, acetaminophen, and anti-inflammatory medications (Mobic) was discontinued. Per pain management provider's progress notes, the injured worker received good relief from a trial of epidural injections in 2013. Per notes from orthopedic surgeon dated 9/3/14, cervical epidural steroid injections did not help. It was for that reason he requested a consultation with a spine surgeon. Diagnostic Testing: 12/11/12 EMG/NCV revealed no cervical radiculopathy in right upper extremity; MRI of Cervical Spine completed on 10/5/12 revealed a 3 mm disc bulge extending into the bilateral neural foramina at C6-7 with mild bilateral neural foraminal narrowing. It also showed a central disc bulge at C5-6 causing mild bilateral neural foraminal narrowing. The 9/24/14 EMG/NCV revealed mild right carpal tunnel syndrome. Diagnoses: Cervical sprain/strain, right C6-C7 disc protrusion with sensory deficits, right shoulder impingement, Right chest wall discomfort with radiculitis and T4-T5 and T5-T6 disc protrusion Disputed Service(s): Right transforaminal epidural steroid injection, C6-C7, upper cervical spine.

This request does not meet MTUS as diagnostics do not corroborate subjective complaints of radiculopathy nor is there clear proof of 50% of pain relief, functional improvement, and associated reduction of medication use for six to eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal epidural steroid injection (ESI) at C6 - C7: 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 Epidural steroid injections Page(s): 46.

Decision rationale: Regarding the request for epidural steroid injection, guidelines recommend it as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for use of epidural steroid injections includes: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The request is not reasonable as there is no documentation of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing or that pain was unresponsive to conservative treatments. Therefore, this request is not medically necessary.