

Case Number:	CM15-0012112		
Date Assigned:	01/29/2015	Date of Injury:	10/13/2012
Decision Date:	03/24/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female who sustained an industrial injury on 10/31/2012. The current diagnoses include sprain shoulder/arm, sprain elbow/forearm, sprain of wrist, and sprain of neck. Treatments to date include medication management, left elbow cortisone injection, and left shoulder surgery. Report dated 12/22/2014 noted that the injured worker presented with complaints that included left elbow tenderness. A current detailed physical examination was not provided. The utilization review performed on 01/12/2015 non-certified a prescription for outpatient cervical epidural steroid injection (CESI) at the C6-C7 level based on clinical evidence does not support medical necessity. The reviewer referenced the California MTUS web edition in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cervical epidural steroid injections (CESI) at the C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI

Page(s): 46-47.

Decision rationale: The patient was injured on 10/13/12 and presents ongoing left shoulder pain, bilateral upper extremity pain, and neck pain and stiffness that radiates to both shoulders and both upper extremities to the hands and fingers with numbness/tingling. The request is for an OUTPATIENT CERVICAL EPIDURAL STEROID INJECTIONS AT C6-C7. There is no RFA provided and the patient is on temporary total disability. Review of the reports provided does not indicate if the patient had a prior ESI of the cervical spine. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." An MRI of the cervical spine was conducted on 09/16/14; however, there were no significant findings at C6-7 level. The 10/20/14 report states that the patient has a decreased cervical spine range of motion, tenderness, and spasm. The left elbow has lateral epicondylar tenderness and there is decreased sensation over the left ulnar nerve with slightly positive Tinel's sign at the bilateral elbows and wrists. No examination findings are provided showing evidence of radiculopathy such as sensory/motor or DTR changes. In this case, the patient presents with diffuse radicular symptoms without dermatomal distribution of pain, exam findings do not show radiculopathy and MRI does not show any pathologies consistent with potential nerve root lesion. An ESI would not be indicated. The request IS NOT medically necessary.