

Case Number:	CM15-0110610		
Date Assigned:	06/17/2015	Date of Injury:	07/15/2014
Decision Date:	07/15/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/08/2015

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 year old female, who sustained an industrial injury on 7/15/14. She reported initial complaints of repetitive motion injury. The injured worker was diagnosed as having cervical disc disease, neck pain and cervical radiculopathy; cervicgia; pain in the shoulder; tendinitis, tendinosis; carpal tunnel syndrome. Treatment to date has included physical therapy; medications. Diagnostics included MRI cervical spine (2/11/15). Currently, the PR-2 notes dated 5/6/15 is hand written. The notes indicated the injured worker complains of neck pain with bilateral upper extremity pain (mainly in the hands). The provider lists the current medications as Gabapentin, Effexor and Advil. Subjective findings note neck pain severity as 4/10 75% of the time, bilateral upper extremity pain 8/10 75% of the time with pain distribution to the hands with numbness, tingling and weakness. The right lower extremity pain level is 3/10 with 50% of the time and no back pain or left lower extremity symptoms. The provider's treatment plan notes the injured worker has neck pain and x-rays validate to both upper extremities. He has tried physical therapy but never has epidural injections. A MRI of the cervical spine is dated 2/11/15 demonstrating scoliosis, mild degenerative disc changes from C3-C7, spondylolisthesis at C3-4, disc protrusions at C4-5 and C5-6, and at least three nodular areas in the left lobe of the thyroid which asymmetrically larger than the right. These may be adenomas or cysts. Tumor cannot be excluded. Ultrasound examination and correlation with the clinical history is recommended. No stenosis is noted. On examination his motor, sensory and gait were found to be normal. No reflex testing is noted. The provider is requesting cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection: 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 Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Exam indicates intact motor, sensory and gait. The patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Cervical epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Cervical Epidural Injection is not medically necessary or appropriate.