

Case Number:	CM15-0115310		
Date Assigned:	06/23/2015	Date of Injury:	12/04/2013
Decision Date:	07/23/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47 year old female who sustained a repetitive industrial injury on 12/04/2013. The injured worker was diagnosed with cervical disc protrusion, cervical myospasm, cervical radiculopathy, right shoulder impingement syndrome, right wrist sprain/strain and right carpal tunnel syndrome. The injured worker is status post right shoulder surgery (no date/procedure documented). Treatment to date has included diagnostic testing with recent right shoulder magnetic resonance imaging (MRI) in January 2015 and a positive Electromyography (EMG). Other treatments include shoulder surgery, physical therapy, injections, wrist brace and medications. According to the primary treating physician's progress report on April 20, 2015, the injured worker continues to experience neck pain and stiffness radiating to the right arm, right shoulder pain and right wrist pain. The injured worker rates her neck pain level at 8/10 and wrist pain at 9/10. Examination of the cervical spine demonstrated tenderness to palpation of the cervical paravertebral muscles with spasm. Shoulder depression and cervical compression tests were positive. Cervical spine range of motion was painful and documented at flexion at 50 degrees, extension at 50 degrees, bilateral lateral bending at 40 degrees, left rotation at 70 degrees and right rotation at 80 degrees. The right shoulder examination revealed decreased motor strength and decreased flexion, extension and abduction with pain. There was tenderness to palpation of the acromioclavicular joint, anterior, lateral and posterior shoulder and supraspinatus muscles. The supraspinatus press test was positive. The right wrist revealed 10 degrees decreased range of motion at extension only with tenderness to palpation of the dorsal, lateral, medial and volar wrist with a positive Phalen's sign. The injured worker received a right

shoulder injection with Celestone and Marcaine on 04/28/2015. Current medications prescribed were not documented. Treatment plan consists of pain management, physical therapy, chiropractic therapy and the current request for epidural steroid injection at bilateral C5-6 and C6-7 with imaging guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at Bilateral C5-6 with Imaging Guidance QTY: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for neck and right shoulder, elbow, and wrist pain. Testing has included a cervical spine MRI showing foraminal stenosis at multiple levels and EMG/NCS testing showing right carpal tunnel syndrome and cervical radiculopathy. When seen, her BMI was nearly 44. There was cervical spine stiffness with muscle spasms causing radiating pain into the upper extremity. There was right elbow tenderness with positive Tinel's at the wrist. Shoulder impingement testing was positive. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents cervical muscle spasms with radiating symptoms which would be consistent with a possible trigger point. There were no positive neural tension signs or neurological deficit that would support a diagnosis of radiculopathy. The request is not medically necessary.

Epidural Steroid Injection at Bilateral C6-7 with Imaging Guidance QTY: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for neck and right shoulder, elbow, and wrist pain. Testing has included a cervical spine MRI showing foraminal stenosis at multiple levels and EMG/NCS testing showing right carpal tunnel syndrome and cervical radiculopathy. When seen, her BMI was nearly 44. There was cervical spine stiffness with muscle spasms causing radiating pain into the upper extremity. There was right elbow tenderness with positive Tinel's at the wrist. Shoulder impingement testing was positive. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents cervical muscle

spasms with radiating symptoms which would be consistent with a possible trigger point. There were no positive neural tension signs or neurological deficit that would support a diagnosis of radiculopathy. The request is not medically necessary.