

Case Number:	CM15-0092860		
Date Assigned:	05/19/2015	Date of Injury:	03/07/2012
Decision Date:	06/18/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/14/2015

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 52-year-old female, who sustained an industrial injury on 3/7/12. Initial complaints were not reviewed. The injured worker was diagnosed as having persistent symptomatic right shoulder impingement syndrome; distal clavicle arthrosis; persistent right wrist carpal tunnel syndrome; anxiety/depressive disorder NOS. Treatment to date has included physical therapy; medications. Diagnostics included EMG/NCV bilateral upper extremities (2/28/14); MRI lumbar spine (4/30/14); MRI cervical spine (5/1/14); MRI right shoulder (5/2/14); EMG/NCV study lower extremities (1/22/15). Currently, the PR-2 notes dated 4/1/15 indicated the injured worker reports the cervical spine pain is improving with physical therapy 6/10 but constant; thoracic pain is 9/10 and constant and trigger point injections so far are not helping; lumbar spine pain is 9+/10 and constant with radicular symptoms to the right lower extremity. The pain increases with standing and walking. The 12/5/14 right sided L4-L5 transforaminal epidural steroid injection was of benefit for only 24 hours. The numbness and tingling to the right hand is constant with positive findings for carpal tunnel syndrome and carpal tunnel release surgery has been requested. The right shoulder pain is 9-10/10 and will continue with physical therapy. The right elbow pain is returning and the provider is going to request "ESWT" therapy. The right foot pain is 9+/10 that is radiating from the leg and advised the injured worker to continue with physical therapy. The provider notes a Qualified Medical Evaluation (QME) dated 12/9/14 recommended cervical and lumbar epidural injections with a right shoulder arthroscopic manipulation under anesthesia and debridement and a "lap band procedure". The provider has requested authorization for cervical epidural injection at level C7-

T1 with catheter to C3 - C6 under fluoroscopy guidance and Bilateral L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection at level C7-T1 with catheter to C3 - C6 under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

Decision rationale: The claimant sustained a work injury in March 2012 and continues to be treated for chronic radiating neck and low back pain. When seen, physical therapy was helping with cervical spine pain. She was having ongoing low back pain with right lower extremity radicular symptoms. A lumbar epidural injection had been done in December 2014 and had only helped for 24 hours. Physical examination findings included difficulty-transitioning positions. There was an antalgic gait. Cervical compression testing was positive. Electro diagnostic testing of the upper and lower extremities was negative for radiculopathy. An MRI of the cervical spine in May 2014 included findings of multilevel disc protrusions with mild to moderate multilevel canal and foraminal narrowing. Criteria for the use of an epidural steroid injection include radiculopathy unresponsive to conservative treatment. In this case, when requested, physical therapy was helping the claimant's cervical spine condition. Requesting a cervical epidural steroid injection at that time was not medically necessary.

Bilateral L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work injury in March 2012 and continues to be treated for chronic radiating neck and low back pain. When seen, physical therapy was helping with cervical spine pain. She was having ongoing low back pain with right lower extremity radicular symptoms. A lumbar epidural injection had been done in December 2014 and had only helped for 24 hours. Physical examination findings included difficulty-transitioning positions. There was an antalgic gait. Cervical compression testing was positive. Electro diagnostic testing of the upper and lower extremities was negative for radiculopathy. An MRI of the cervical spine in May 2014 included findings of multilevel disc protrusions with mild to moderate multilevel canal and foraminal narrowing. Consideration of a repeat lumbar epidural steroid injection would be based on objective documented pain and functional improvement.

The epidural steroid injection performed in December provided only 24 hours of benefit. A repeat injection is not medically necessary.