

Case Number:	CM13-0040332		
Date Assigned:	12/20/2013	Date of Injury:	07/01/2006
Decision Date:	01/02/2015	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 44 year old female with an injury date of 07/01/06. Based on the 07/30/13 progress report, the patient complains of neck pain and shoulder pain. The pain radiates to both arms and hands. "Due to persistent neck pain she has numbness tingling of the arm neck pain, elbow pain, and wrist pain." She has cervical paraspinal muscle spasms and difficulty turning her neck. The patient has stiffness/tightness of the neck and has problems sleeping at night. "She is having pain in the right elbow with the pain radiating to right forearm, need to use the elbow and wrist braces." On examination, she has a painful range of motion for the cervical spine with pain radiating to the right C6 and nerve root distribution. She has tenderness in the facet joints and the shoulder girdle muscles are fairly tight. The patient's diagnoses include the following: 1.Cervical disc disease, cervical radiculopathy 2.Shoulder girdle strain 3.Right lateral epicondylitis 4.Carpal tunnel syndrome 5.Repetitive motion syndrome The utilization review determination being challenged is dated 10/16/13. There was treatment report provided from 07/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injection for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46, 47.

Decision rationale: According to the 07/30/13 report, the patient presents with neck pain and shoulder pain which radiates to both arms and hands. The request is for an Epidural Steroid Injection for the Cervical Spine. No MRI's of the cervical spine are provided. Regarding Cervical Spine Epidural steroid injections (ESI), MTUS pages 46, 47 state "Criteria for the use of Epidural steroid injections: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the patient has diffuse, non-radicular pains in the elbows, shoulders and wrists. There is no description of radiating pain from the neck, although the patient has radiating pain from the elbow. There is no description of dermatomal distribution of pain, certainly. There is also lack of any examination findings that suggest radiculopathy and the treater has not discussed the MRI findings to show any potential nerve root lesions that would explain the patient's arm or radicular symptoms. ESI would not be indicated without a clear documentation of radiculopathy. Furthermore, MTUS p46 states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request is not medically necessary.