

Case Number:	CM14-0142312		
Date Assigned:	09/10/2014	Date of Injury:	07/09/2013
Decision Date:	10/07/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old female with a 7/9/13 date of injury. At the time (6/19/14) of the request for authorization for orthopedic spine specialist consultation and cervical epidural steroid injection, there is documentation of subjective (numbness and pain and shaking in her right arm radiating down from her neck, numbness and pain in her right hand fingers except small finger today) and objective (tenderness of cervical paraspinals bilaterally; limited range of motion; sensation is diminished to sharp and dull skin prick in the thumb, index, and middle finger; positive Tinel's at ulnar groove right) findings, current diagnoses (headache, right ulnar neuritis, deQuervain's tenosynovitis, right carpal tunnel syndrome, cervical radiculopathy, and cervical spondylosis), and treatment to date (medication, activity modification). Regarding orthopedic spine specialist consultation, there is no documentation of imaging or electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term. Regarding cervical epidural steroid injection, there is no documentation of the level(s) injection is requested for, subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of additional conservative treatment (physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of headache, right ulnar neuritis, deQuervain's tenosynovitis, right carpal tunnel syndrome, cervical radiculopathy, and cervical spondylosis. In addition, there is documentation of failure of conservative treatment (activity modification, medications). However, despite documentation that sensation is diminished to sharp and dull skin prick in the thumb, index, and middle finger, given absent documentation of the level(s) injection is requested for, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. In addition, there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels and failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for cervical epidural steroid injection is not medically necessary.

Orthopedic Spine Specialist Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical

repair both in the short and the long term, and unresolved radicular symptoms, as criteria necessary to support the medical necessity of a spine specialist referral. Within the medical information available for review, there is documentation of diagnoses of headache, right ulnar neuritis, deQuervain's tenosynovitis, right carpal tunnel syndrome, cervical radiculopathy, and cervical spondylosis. In addition, there is documentation of persistent, severe, and disabling arm symptoms and activity limitation for more than one month, and clear clinical evidence. However, there is no documentation of imaging or electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term. Therefore, based on guidelines and a review of the evidence, the request for orthopedic spine specialist consultation is not medically necessary.