

Case Number:	CM14-0073773		
Date Assigned:	07/16/2014	Date of Injury:	06/27/2006
Decision Date:	08/22/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine & and is licensed to practice in Texas and Ohio. 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 injured worker is a 50-year-old female who reported an injury on 06/27/2006. The mechanism of injury was not specifically stated. Current diagnoses include status post removal of trapezium with reconstruction of the joint on 01/20/2014, neural encroachment with radiculopathy, retrolisthesis, cervical disc protrusion with radiculopathy, right shoulder impingement, left shoulder pain, right lateral epicondylitis, right greater than left third finger triggering, right carpal tunnel syndrome, rule out underlying neurologic disorder and reactionary depression/anxiety. The injured worker was evaluated on 04/02/2014 with complaints of persistent pain over multiple areas of the body. Physical examination of the cervical spine revealed spasm in the cervical trapezius. Treatment recommendations at that time included continuation of the current medication regimen and an epidural steroid injection at C5-6 and C6-7. It is noted that the injured worker underwent an MRI of the cervical spine on 11/17/2012 which indicated disc herniation with no evidence of neural foraminal compromise at C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI C5-6 , C 6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Cervical & Thoracic Spine Disorders; ssection on Epidural Steroid injection.

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended for treatment of radicular pain with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, there was no objective evidence of radiculopathy upon physical examination. There was no evidence of nerve root compromise upon imaging study at the C5-6 and C6-7 levels. Based on the clinical information received and the above-mentioned guidelines, the request for Cervical Epidural Steroid Injection is not medically necessary.