

Case Number:	CM15-0132259		
Date Assigned:	07/22/2015	Date of Injury:	10/29/2011
Decision Date:	08/19/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	07/08/2015

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 male, who sustained an industrial injury on 10/29/2011. He reported being hit with approximately 30 pounds of pallets. The injured worker was diagnosed as having C5 radiculopathy, thoracic pain, cervicalgia, and cervical spondylosis without myelopathy. Treatment to date has included diagnostics, chiropractic, physical therapy, and medications. Currently, the injured worker complains of neck and mid back pain, worsening and rated 7/10. He had ongoing arm pain bilaterally. Exam noted positive Spurling's sign on the right and decreased sensation on the right arm. The treatment plan included an epidural steroid injection at C5. He continued to work full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5 epidural steroid injection: Overturned

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

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 October 2011 and is being treated for mid back and radiating neck pain. When seen, he was having numbness and tingling radiating into the right arm. Physical examination findings included positive right Spurling's testing with decreased right upper extremity sensation. Prior treatments had included medications, physical therapy, and chiropractic care.

Electrodiagnostic testing in March 2015 including findings consistent with C5 radiculopathy. Authorization for a cervical epidural injection was requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, the claimant's provider documents decreased right upper extremity sensation with positive Spurling's testing and electrodiagnostic testing is consistent with radiculopathy. The request meets the applicable criteria and is medically necessary.

