

Case Number:	CM15-0138430		
Date Assigned:	07/30/2015	Date of Injury:	07/27/2012
Decision Date:	08/26/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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 57 year old female who sustained an industrial/work injury on 7-27-12. She reported an initial complaint of cervical pain and left radiculopathy. The injured worker was diagnosed as having knee pain, lateral epicondylitis, sacroiliac pain, foot pain, spinal-lumbar degenerative disc disease, and low back pain. Treatment to date includes medication, physical therapy, and home exercise program. MRI results were reported on 2-12-15 that revealed a cervical disc bulge and central spinal canal stenosis at multiple levels. EMG-NCV (electromyography and nerve conduction velocity test) was negative. Currently, the injured worker complained of radicular cervical pain with radiation into the left arm. Per the primary physician's report (PR-2) on 6-29-15, gait is normal, exam reveals positive Spurling's, radiation into the left arm as well as numbness and tingling and diminished sensation along the left C5 dermatome, and normal motor exam. The requested treatments include cervical epidural injection at C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection at C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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 July 2012 and continues to be treated for neck, right shoulder, low back, and left knee pain. Testing has included an MRI of the cervical spine in February 2015 with mild canal stenosis and EMG/NCS testing in January 2014 that was negative. When seen, Spurling's testing was positive. There was decreased left upper extremity sensation. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there was decreased left upper extremity sensation and positive Spurling's testing. However, electrodiagnostic testing and a recent MRI do not corroborate the presence of left cervical radiculopathy. The requested epidural steroid injection was not medically necessary.