

Case Number:	CM15-0140720		
Date Assigned:	07/30/2015	Date of Injury:	03/23/2006
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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 61 year old female who sustained an industrial injury on 03-23-06. Initial complaints and diagnoses are not available. Treatments to date include medications, physical and aqua therapy, acupuncture, psychiatric treatment, left shoulder surgery, injections, and a TENS unit. Diagnostic studies include multiple MRIs. Current complaints include neck, back and shoulder pain. Current diagnoses include cervical degenerative disc disease, ring finger and left thumb trigger finger, bilateral carpal tunnel syndrome, right shoulder impingement syndrome and acromioclavicular joint arthrosis, low back pain, herniated disc lumbar spine, insomnia, and right knee contusion. In a progress note dated 05/22/15 the treating provider reports the plan of care as pain management, and medications including diclofenac and omeprazole, as well as a replacement TENS unit. The requested treatment includes a cervical epidural steroid injection at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection (ESI) at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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 has a remote history of a work injury occurring in March 2006 and continues to be treated for neck, back, and shoulder pain. When seen, she was having neck pain rated at 6/10 radiating into both upper extremities with numbness and tingling. Physical examination findings included decreased cervical spine range of motion. Upper extremity sensation was normal. Imaging results were reviewed with an MRI of the cervical spine in April 2009 including findings of multilevel spondylosis with mild to moderate foraminal narrowing with left lateralized findings. Electrodiagnostic testing in May 2009 showed findings of mild bilateral carpal tunnel syndrome. Criteria for the use of an epidural steroid injection include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings that support a diagnosis of cervical radiculopathy. The claimant has bilateral carpal tunnel syndrome which is a possible explanation for her numbness and tingling. The requested epidural steroid injection is not medically necessary.