

Case Number:	CM15-0140769		
Date Assigned:	07/31/2015	Date of Injury:	02/05/2013
Decision Date:	08/31/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/21/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48-year-old female who sustained an industrial injury on February 5, 2013 resulting in headache and pain in her neck and bilateral arms and wrists. She is diagnosed with bilateral thoracic outlet syndrome and carpal tunnel syndrome. Documented treatment has included massage and physical therapy, which has provided some relief, and medication with temporary relief. The injured worker continues to report constant pain in her neck, radiating into her shoulder, anterior chest, and down her arms into the wrists and hands. She also is experiencing numbness and tingling in her arms. The treating physician's plan of care includes a cervical epidural steroid injection at C5-6. She is presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: Although physical exam by the requesting provider does document radiculopathy and the injured worker has had inadequate response to conservative treatment, cervical radiculopathy that is corroborated by imaging studies. An EMG/NCV provided evidence of carpal tunnel syndrome and the injured worker is just starting the treatment for that condition. The cervical symptoms that the injured worker is experiencing could partially be attributed to the carpal tunnel syndrome. The carpal tunnel should be addressed prior to further addressing the cervical complaints. The request for cervical epidural steroid injection at C5-C6 is determined to not be medically necessary.