

Case Number:	CM15-0148757		
Date Assigned:	08/12/2015	Date of Injury:	10/07/2014
Decision Date:	09/09/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	07/31/2015

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: 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 52-year-old male who sustained an industrial injury on 10-07-14. He reported neck pain status post motor vehicle accident. The injured worker is diagnosed with neck and low back pain, left cervical radiculopathy, C5-C6 and C6-C7 disc disease, left paracentral protrusion at C5-C6, disc collapse at L5-S1 with foraminal narrowing, and possible thoracic outlet syndrome. Diagnostic testing and treatment to date has included x-rays, MRI, physical therapy, aquatic therapy, TENS, trigger point injection, and topical-oral pain medication management. Currently, the injured worker complains of neck and low back pain with numbness in both hands. In a progress note dated 07-17-15, the treating provider reports the injured worker has paraspinal muscular tenderness in both the neck and his lower back; he holds his neck flexed forward. Range of motion is decreased, painful, and causes radiating pain down the left arm. He has a positive thoracic outlet sign on the left side. He has diminished sensation in the left thumb and radial hand. Requested treatments include epidural steroid injection under fluoroscopy at C5-6 per 07/17/15 order. The injured worker is under temporary total disability. Date of Utilization Review: 07-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection under fluoroscopy at C5-6 per 07/17/15 order: Overturned

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 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are subjective complaints and physical examination findings supporting a diagnosis of radiculopathy as well as corroborating MRI findings. There is documentation of failed conservative treatment. As such, the currently requested cervical epidural steroid injection is medically necessary.