

Case Number:	CM15-0149290		
Date Assigned:	08/12/2015	Date of Injury:	06/05/2014
Decision Date:	09/11/2015	UR Denial Date:	07/09/2015
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 33 year old female who sustained an industrial injury on 6-5-2014. She was injured by tripping over a box. She has reported injury to the cervical spine, lumbar spine, and left shoulder and has been diagnosed with calcific tendonitis, cervical spine spondylosis, herniated nucleus pulposus, radiculopathy-possible, and lumbar spine spondylosis radiculopathy. Treatment has included medical imaging, physical therapy, home exercise program, acupuncture, and medications. Tenderness was present at the rotator cuff. Neer's sign was positive. Hawkin's was positive. The Speed sign was positive. The Yergason sign was positive. The apprehension sign was positive on testing the shoulder in external rotation and 90 degrees of abduction. There was decreased sensation present at left C5, C6, C7, and C8 dermatomes. Range of motion was limited due to some pain present in certain movements. Lumbar spine noted tenderness present at the L-S junction. There was muscle spasm at the left lumbar muscles and present at the right lumbar muscles. The treatment plan included epidural steroid injections and physical therapy. The treatment request included a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervical ESI Page(s): 46-47.

Decision rationale: Regarding the request for cervical epidural steroid injection C4-C5, and C5- C6 levels, 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 recent physical examination findings supporting a diagnosis of radiculopathy, such as reduced sensation in the C5, C6, C7, C8 dermatome. Furthermore, the MRI from 8/2014 showed posterior disc bulge at the proposed level of the epidural steroid injection, which could correlate with the physical exam findings. As such, the currently requested cervical epidural steroid injection is appropriate and medically necessary.