

Case Number:	CM15-0165860		
Date Assigned:	09/04/2015	Date of Injury:	03/29/2012
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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: Texas, Florida, 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:

This is a female injured worker who sustained an industrial injury on March 29, 2002. The age and the initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having cervical degenerative disc disease with cervical myofascial pain. Treatment to date has included diagnostic studies and medication. In 2013, an epidural injection was recommended for right upper extremity radiculopathy. The injection was not approved at that time. On July 30, 2015, the injured worker complained of a burning sensation in the right hand and mild inflammation trigger down her right arm. Physical examination of the right arm revealed weakness in elbow extension and weakness of grip strength. Physical examination of the cervical spine revealed tenderness over the right trapezius muscle. There was a 60% limitation in all planes of motion of the cervical spine noted. The treatment plan included a cervical epidural injection for right upper extremity radicular pain and a follow-up visit. A request was made for 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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127.

Decision rationale: This claimant was injured in 2002 with cervical degenerative disc disease with cervical myofascial pain. As of July, the injured worker complained of a burning sensation in the right hand and mild inflammation trigger down her right arm. Physical examination of the right arm revealed weakness in elbow extension and weakness of grip strength. No imaging demonstrating corresponding disc herniation is noted. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. There is no imaging demonstrating a disc herniation that correlates with any dermatomal neurologic signs of radiculopathy. The request is not medically necessary and appropriate.