

Case Number:	CM15-0183054		
Date Assigned:	09/23/2015	Date of Injury:	03/09/2015
Decision Date:	10/29/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old female with a date of injury on 03-09-2015. The injured worker is undergoing treatment for cervical radiculopathy; multilevel cervical degenerative disc disease, chronic neck pain, and right shoulder pain due to impingement syndrome. She has a history of depression, pre diabetes, nephrolithiasis and hypertension. The injured worker was diagnosed with a right wrist tendinitis in 2012. Physician progress notes from 07-30-2015 to 08-26-2015 documents the injured worker has pain in the right cervical region traveling down the right upper extremity with associated numbness and tingling. Her pain is constant and she rates it as 5-6 out of 10 on the Visual Analog Scale. She has right sided shoulder pain from a labral tear. Cervical range of motion is restricted in all planes due to pain. Paraspinal and upper trapezial tenderness to palpation is present, right greater than left. Her right shoulder has positive impingement sign and positive Hawkins test. Sensation to light touch is grossly intact in the upper extremities. Motor strength is 5-5 and symmetrical. The injured worker is a candidate for cervical epidural injections versus surgery. It was recommended by the anesthesiologist the injured worker receive a cervical C5-6 intralaminar epidural injection. She has pain in her right wrist, which is constant. Carpal compression on the right is positive. Treatment to date has included diagnostic studies, medications, trigger point injections, shoulder cortisone injections, ergonomic evaluation and physical therapy. A Magnetic Resonance Imaging of the cervical spine done on 06-22-2015 revealed significant central narrowing at C5-6. A right shoulder Magnetic Resonance Imaging done on 06-22-2015 revealed a partial detachment of the superior aspect of the anterior labrum. There is advanced cartilage loss in the acromioclavicular joint

with mild adjacent spurring. She is working light duty with restrictions. On 09-04-2015 the Utilization Review non-certified the requested treatment C5-6 intralaminar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 intralaminar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: C5-6 intralaminar epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings of radiculopathy in the proposed area for epidural steroid injection until the report date of 9/22/15 where the patient now has decreased sensation to touch over the right thumb and index finger. A review of the cervical MRI reveals central rather than neural foraminal narrowing at this level. There are no electrodiagnostic studies available yet for review. For this reason, the request for epidural steroid injection is not medically necessary.