

Case Number:	CM15-0188356		
Date Assigned:	09/30/2015	Date of Injury:	09/25/2014
Decision Date:	11/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/24/2015

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: Massachusetts

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 55 year old male, who sustained an industrial injury on 9-24-2014. The injured worker is being treated for right cervical radiculopathy secondary to central and neuroforaminal stenosis, right shoulder impingement syndrome, right lumbar radiculopathy secondary to L5-S1 neuroforaminal stenosis and right knee arthritis. Treatment to date has included diagnostics, trigger point injections, 8 sessions of aquatic therapy, home exercises, chiropractic care and medications. Current medications as of 8-14-2015 include ibuprofen, Tylenol and omeprazole. Per the Primary Treating Physician's Progress Report dated 8-14-2015 the injured worker presented for follow-up visit. He reported neck pain radiating down his right shoulder and into his arm and hand. He describes it as electrical pain. He also reports low back pain radiating into his right leg down to his foot. Objective findings included full range of motion of the cervical spine with pain in all directions. Work status was modified. The plan of care included epidural steroid injection and medications. Authorization was requested for a cervical epidural steroid injection. On 9-04-2015, Utilization Review non-certified the request for 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 cervical spine: 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: The claimant sustained a work injury in September 2014 when he was struck by a car while pushing a wheelbarrow and is being treated for radiating neck and radiating low back pain. An MRI of the cervical spine included findings of severe foraminal stenosis with right lateralization at C6/7 and moderate canal and left lateralized foraminal stenosis at C5/6. When seen, he was having radiating right upper extremity pain. Physical examination findings included pain with cervical range of motion. Right shoulder impingement testing was positive and there was pain with range of motion. There was normal strength and sensation with negative straight leg raising. A cervical epidural steroid injection is being requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant has right sided radicular symptoms, which correlate with the available imaging findings. However, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. For this reason, the requested epidural steroid injection is not considered medically necessary.