

Case Number:	CM15-0190213		
Date Assigned:	10/01/2015	Date of Injury:	07/16/2014
Decision Date:	11/30/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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 58-year-old female, with a reported date of injury of 07-16-2014. The diagnoses include cervical radiculitis, neck pain, and cervical stenosis. The medical report dated 09-08-2015 indicates that the injured worker complained of left upper limb pain and numbness. The pain was associated with occasional numbness and tingling into the fingers of the left hand. The symptoms were exacerbated with cervical motion, as well as left upper limb activity. The orthopedic progress report dated 07-10-2015 indicates that the injured worker returned for follow-up of her left shoulder and review of the MRIs of her left shoulder and cervical spine. The physical examination (09-08-2015) showed tenderness to palpation of the left cervical paraspinals; active range of motion at 40 degrees of forward flexion; 20 degrees of extension; 70 degrees of rotation to the right; 60 degrees of rotation to the left; 45 degrees of lateral flexion to either side; positive Spurling's test on the left; intact sensory examination; and negative upper motor neuron signs. It was noted that x-rays of the cervical spine on 09-08-2015, and an MRI of the cervical spine on 06-17-2015 showed straightening of the normal cervical lordosis, moderate loss of disk height at the C4-5 level with central disk protrusion and mild central canal stenosis, moderate loss of disk height with broad-based central disk protrusion and mild central canal stenosis at C5-6, and moderate loss of disk height with annular bulge and mild central canal stenosis at C6-7. There was documentation that the injured worker had left cervical radiculitis and cervical axial pain secondary to central canal stenosis at C6-7 and asymptomatic multilevel cervical stenosis at C4-5 and C5-6. The injured worker's work status was not indicated. The diagnostic studies to date have included an MRI of the cervical spine on 06-17-2015, which showed mild central canal stenosis from C4-5 through C6-7 from protrusions or bulge and no foraminal narrowing. Treatments and evaluation to date have included Medrol Pak, Naprosyn,

and Ibuprofen. The request for authorization was dated 09-08-2015. The treating physician requested left C6-7 transforaminal epidural steroid injection. On 09-17-2015, Utilization Review (UR) non-certified the request for left C6-7 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C6-C7 transforaminal 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: The claimant sustained a work injury in July 2014 when she fell and injury the left upper extremity with a traumatic left elbow dislocation. She was seen on 09/08/15. She was having left upper limb pain and numbness. Physical therapy had provided temporary improvement. Physical examination findings included left cervical paraspinal tenderness. There was positive left Spurling's testing. There was a normal neurological examination. An MRI of the cervical spine was done in June 2015 with findings of central disc protrusions at C4/5 and C5/6 and annular bulging at C6/7 with mild canal stenosis and without foraminal narrowing. Authorization is being requested for a left C6/7 transforaminal cervical epidural injection. 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, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex responses that support a diagnosis of radiculopathy. There are no or reported left lateralized findings by imaging that would correlate with the claimant's left sided symptoms. A cervical epidural steroid injection is not medically necessary.