

Case Number:	CM15-0193898		
Date Assigned:	10/07/2015	Date of Injury:	05/12/2014
Decision Date:	11/23/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/02/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 65 year old female, who sustained an industrial injury on 5-12-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine degenerative disc disease, C5-C6 right lateral small bulge, right upper extremity radiculopathy, right carpal tunnel syndrome and possible right ulnar neuropathy. On 9-11-2015, the injured worker reported increased numbness and tingling to the right hand with decreased strength, with cervical spine pain and right shoulder pain better, rating her pain as 4 out of 10. The Primary Treating Physician's report dated 9-11-2015, noted the injured worker reported the left hand had been having compensatory left hand pain. The injured worker's current medication was noted as Aleve. The physical examination was noted to show tenderness to palpation of the right paracervical, trapezius, and paraspinals with decreased sensation on the right at C6, C7, and C8. Prior treatments have included TENS, physical therapy, home exercise program (HEP), Relafen, Medrol, Biofreeze cream, and splinting. The treatment plan was noted to include a consultation and epidural steroid injection (ESI) at C5-C6. The injured worker's work status was noted to be modified duty. The request for authorization dated 9-11-2015, requested a consultation x1 and a cervical epidural steroid injection (ESI) right C5-C6. The Utilization Review (UR) dated 10-2-2015, denied the requests for a consultation x1 and a cervical epidural steroid injection (ESI) right C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: Guidelines state that radiculopathy must be documented by physical exam and corroborated by imaging studies or electrodiagnostic testing. In this case, radiculopathy is noted on exam but not corroborated by MRI imaging and EMG/NCV shows no cervical radiculopathy. The request for a consult for injection is not medically necessary or appropriate.

Cervical Epidural Steroid Injection Right C5-C6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: Guidelines recommend epidural injections as an option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The decision to perform repeat epidural steroid injections is based on objective pain and functional improvement, including at least 50% pain relief with reduction in pain medications for 6-8 weeks. In this case, the patient has radiculopathy on exam but it is not corroborated by MRI imaging. The request for cervical epidural steroid injection at C5-C6 is not medically appropriate or necessary.