

Case Number:	CM15-0194738		
Date Assigned:	10/08/2015	Date of Injury:	12/30/2014
Decision Date:	11/24/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/05/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 51 year old male who sustained an industrial injury on 12-30-14. Diagnoses are noted as cervical radiculopathy and left trapezius strain. In a progress report dated 9-1-15, the physician notes there has been no improvement with beginning Indomethacin or physical therapy. He reports he is unable to carry "even 5 pounds" with the left arm. Complaint is noted of left neck pain radiating to radial extensor forearm to index. With Nortriptyline less radiating pain is noted. Bilateral upper extremity electromyography-nerve conduction study (2-25-15) is reported to reveal: left C6, C7 radiculopathy, chronic and denervating process in muscles of these myotomes, and mild bilateral carpal tunnel syndrome. Objective exam on 8-20-15 notes tenderness to palpation at the base of the left cervical region. Work status is modified duty with limitations. Previous treatment includes medications, acupuncture with subjective improvement noted, physical therapy, Cervical MRI 1-28-15, and cervical x-ray 1-18-15. The requested treatment of a cervical epidural steroid injection at left C6-C7 was non-certified on 9-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at left C6/7 qty 1: 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 Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: CA MTUS Guidelines regarding cervical ESI states that it is recommended when radiculopathy is documented by physical examination and corroborated by imaging studies. It may be considered when symptoms are initially unresponsive to conservative treatment, such as physical therapy and exercise. In this case, there is no current objective evidence of radiculopathy for the requested level of ESI. Further, imaging studies do not corroborate the objective findings. Therefore, the request is not medically necessary or appropriate.