

Case Number:	CM15-0202966		
Date Assigned:	10/19/2015	Date of Injury:	02/27/2015
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/15/2015

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: Arizona, California

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 52 year old female, who sustained an industrial injury on 2-27-2015. The injured worker is being treated for neck pain with bulging discs at C4-5 and C5-6, left SLAP tear, left lateral epicondylitis and severe bilateral carpal tunnel syndrome. Treatment to date has included medications, physical therapy, diagnostics, home exercises and injections. Per the Primary Treating Physician's Progress Report dated 9-14-2015, the injured worker presented for follow-up. She had a corticosteroid injection about 2 days prior and reports no significant relief. She was advised to give it 3-4 days to respond. She also had EMG (electromyography) and NCS (nerve conduction studies) on 9-04-2015 which showed "severe carpal tunnel syndrome, left greater than right with no evidence of radiculopathy and no ulnar neuropathy." She reported chills in her left arm and itching in both arms since the study. She has completed 10 out of 12 sessions of physical therapy for her neck pain. She reports no significant improvement and discussion for a potential steroid injection was discussed. Objective findings described "a pleasant woman in no acute distress." Work status was temporarily totally disabled. The plan of care included consultation with an orthopedic specialist regarding surgical management, consultation with a pain management specialist for pain related to bulging discs, and a tennis elbow splint. Authorization was requested for C4-C5, and C5-C6 epidural steroid injection. On 10-02-2015, Utilization Review non-certified the request for C4-C5, and C5-C6 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5, C5-C6 Epidural Steroid Injection per 09/14/2015: 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: According to the guidelines, ESIs are recommended for those with radiculopathy demonstrated on exam and imaging. In this case, the claimant did not have any radicular signs on exam and the MRI findings did not mention nerve encroachment. The EMG did not mention radiculopathy. The request for an ESI at the levels above is not medically necessary.