MAXIMUS Federal Services

Case Number:	CM15-0221220		
Date Assigned:	11/16/2015	Date of Injury:	02/21/2013
Decision Date:	12/29/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/10/2015

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
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 60 year old male who sustained an industrial injury on 2-21-2013. The medical records indicate the injured worker is being treated for right scapular fracture, right chest chronic effusion, multiple rib fractures, pelvic fracture with subsequent lower extremity numbness, chronic cervical strain, bilateral upper extremity numbness, facial trauma, left shoulder rotator cuff syndrome, lumbar disc herniation, right lower extremity L5 radiculopathy, cervical disc disorder with radiculopathy mid-cervical region and other spondylosis with radiculopathy lumbosacral region. Per the treating physician's note dated 10-2-2015 and 10-9-2015 the injured worker reports bilateral shoulder pain, the left shoulder is 6-7 out of 10 and the right shoulder is 5 out of 10 and both are constant and unchanged from the previous visit. The injured worker continues to suffer from neck pain radiating down his arms and low back pain radiating down his legs. The injured worker also describes weakness in his legs and hands, his hand pain is getting worse, and he has numbness and tingling in his fingers, 3rd, 4th, and 5th specifically bilaterally. He also reports numbness and tingling in his right leg. He reports he has difficulty with physical, functional, and recreational activities. The injured worker is taking Norco 3-4 tablets a day and Robaxin 2-3 tablets a day and he reports improvement in his pain level from 7-8 out of 10 down to 5-6 out of 10. On physical exam of the cervical and lumbar spine during the 10/9/2015 visit the injured worker had tenderness to palpation over the midline of the cervical spine, asymmetric loss of range of motion, positive Spurling's and cervical compression tests and positive straight leg raise in the right lower extremity. His cervical spine range of motion is flexion 50 degrees, extension 60 degrees, lateral bending right and left 45

degrees, and rotation right and left 80 degrees. The injured worker is temporarily totally disabled. Per the QME report dated 10/2/2015 the treating physician received a nerve test report, the date of the test was not noted, that shows radiculopathy in the lumbar spine and the cervical spine shows no radiculopathy, but does show carpal tunnel and ulnar nerve compression. The chest x-ray dated 6/8/2015 showed fractures involving the posterolateral aspect of the 4th through 8th ribs with contiguous extra pleural or pleural opacification. Pleural opacification was also seen at the right lung base. Treatment to date for the injured worker includes rest, ice, heat, continued treatment with a pulmonologist due to multiple rib fractures and a punctured lung, lumbar epidural steroid injection, 14 sessions of physical therapy, and medications including Norco and Robaxin. The UR decision dated 10/27/2015 non-certified the request for cervical epidural injection times 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection times 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: As per MTUS Chronic pain guidelines, epidural steroid injections may be considered for treatment of radicular pain. Patient does not meet even basic criteria for recommendation. Patient does not have cervical radiculopathy with a negative EMG from 2014. Patient has multiple other pain pathologies and sources or pain. An ESI will not help these other sources of pain. An unnecessary procedure will not help patient's pain. The request is not medically necessary.