

Case Number:	CM15-0055340		
Date Assigned:	03/30/2015	Date of Injury:	12/31/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 47-year-old male who sustained an industrial injury to the neck and bilateral upper extremities via cumulative trauma from 3/19/13 to 3/19/14. Past surgical history was positive for right cubital tunnel release and bilateral carpal tunnel releases. The 12/4/14 treating physician report cited continued neck and right shoulder pain. Medications helped with pain but he had discontinued them due to gastroenteritis. Cervical spine exam positive Spurling's and foraminal compression tests. The diagnosis was cervical spine sprain/strain, cervical radiculopathy C6/7 (right greater than left) secondary to herniated cervical disc C5/6 and C6/7. Right shoulder exam documented positive findings consistent with impingement and adhesive capsulitis. The patient had been refractory to conservative treatment, including physical therapy, rest and medications. Authorization was requested for cervical epidural steroid injection and right shoulder manipulation under anesthesia. The 3/10/15 utilization review non-certified the request for cervical spine epidural steroid injection at C5/6 and C6/7. A request for right shoulder manipulation under anesthesia and pre-operative labs was certified. The rationale for non-certification of the epidural steroid injection indicated that there was limited documentation of correlative neurologic deficits on exam or corroborative imaging and/or electrodiagnostic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine Epidural Steroid Injection at C5-C6, C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Guideline criteria have not been met. This patient presents with neck pain and positive Spurling's test. There is no current neurologic exam, MRI report, or electrodiagnostic study to corroborate radiculopathy at the requested levels. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.