

Case Number:	CM15-0085520		
Date Assigned:	05/08/2015	Date of Injury:	03/01/2013
Decision Date:	06/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/05/2015

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
 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:

This is a 48 year old male with a March 1, 2013 date of injury. A progress note dated March 23, 2015 documents subjective findings of bilateral wrist pain with associated numbness and tingling that wakes him at night; pain is rated at a level of 8/10. Objective findings revealed bilateral wrist tenderness; decreased range of motion; cervical spine tenderness and decreased range of motion; lumbar spine tenderness and decreased range of motion. There was noted decreased C5- 6 dermatomal sensation and 4/5 shoulder abduction and elbow flexion/extension. Current diagnoses include lateral epicondylitis; radial styloid tenosynovitis; shoulder sprain/strain; neck sprain/strain. Treatments to date have included medications, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, physical therapy, home exercise, and chiropractic manipulation. The treating physician documented a plan of care that included lumbar spine epidural steroid injections and cervical spine epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C6 transfacet epidural steroid injections per 4/8/15 order Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections(ESI) Page(s): 46.

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. Patient meets criteria for recommendation for ESI. Patient has failed conservative therapy and has MRI and exam consistent with radicular pain. Plan for pain control is also documented. However, as per guidelines 2nd and additional ESI is only recommended after reassessment for significant objective improvement in pain and function. 2nd ESI injection requested cannot be automatically approved without documentation of reassessment. Utilization review approved one ESI. The request for two injections of cervical spine does not meet guidelines and is not medically necessary.

Bilateral C6-C7 transfacet epidural steroid injections per 4/8/15 order Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections(ESI) Page(s): 46.

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. Patient meets criteria for recommendation for ESI. Patient has failed conservative therapy and has MRI and exam consistent with radicular pain. Plan for pain control is also documented. However, as per guidelines 2nd and additional ESI is only recommended after reassessment for significant objective improvement in pain and function. 2nd ESI injection requested cannot be automatically approved without documentation of reassessment. Utilization review approved one ESI. The request for two injections of cervical spine does not meet guidelines and is not medically necessary.