

Case Number:	CM15-0086212		
Date Assigned:	05/08/2015	Date of Injury:	02/06/2008
Decision Date:	06/11/2015	UR Denial Date:	04/14/2015
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: Physical Medicine & Rehabilitation

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 59 year old male, who sustained an industrial injury on 2/06/2008. Diagnoses include neck pain, cervical degenerative disc disease, cervical spondylosis, cervical discogenic pain, low back pain, lumbar degenerative disc disease, lumbar spinal stenosis, left hip pain, left hip labral tear per magnetic resonance imaging (MRI), left cubital tunnel syndrome, bilateral carpal tunnel syndrome, chronic pain syndrome, left shoulder pain and labral tear left shoulder with biceps tendon tear per MRI. Treatment to date has included diagnostics including electrodiagnostic testing, medications and psychotherapy. Per the Primary Treating Physician's Progress Report dated 3/20/2015, the injured worker reported neck pain, frequent headaches, low back pain with radiation to the left leg and pain in his feet. He reported numbness in the first three digits of the right hand rated as 10/10 without medication and 7/10 with pain medication. Physical examination of the cervical spine revealed flexion within normal limits. The plan of care included medications. Authorization was requested for cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not clearly established here. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy collaborated with imaging. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged for this chronic injury. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in clinical findings or progression in functional status. The Cervical epidural steroid injection is not medically necessary or appropriate.