Case Number:	CM15-0089435		
Date Assigned:	05/13/2015	**Date of Injury:**	01/13/2014
Decision Date:	06/15/2015	**UR Denial Date:**	04/09/2015
Priority:	Standard	**Application Received:**	05/08/2015

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, Pain Management

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 40-year-old male, who sustained an industrial injury on 1/13/2014. He reported tripping and falling against a wall with his head and left side of body. Diagnoses have included left shoulder acute complete rotator cuff tear; post-traumatic arthrosis of the acromioclavicular joint, left; cervical sprain/strain, plus herniated nucleus pulposus (HNP) of C3-4, C4-5 and C5-6; lumbar sprain/strain; gastroesophageal reflux disease and anxiety, depression and stress. Treatment to date has included physical therapy, lumbar epidural steroid injection and medication. An electromyography (EMG) study dated 12/10/2014 was suggestive of moderate bilateral carpal tunnel syndrome and bilateral, chronic, active C5-C6 radiculopathy. According to the progress report dated 3/12/2015, the injured worker complained of severe neck pain and mild low back pain. A lumbar epidural injection on 3/5/2015 was noted to be very successful. He complained of left shoulder pain due to falling and re-injuring his shoulder. Current medications included Xanax, Norco, Gabapentin and a topical cream. Physical exam revealed limited extension of the neck. He had pain radiating down from this neck to his fourth and fifth fingers on his left hand. The pain management consultation dated 3/31/2015 documents that the injured worker complained of severe pain in the back of the neck and on the side of the neck. He rated his pain as 7-8/10 and reported that the pain radiated to both sides of the neck, the base of the head and the scalp and the peri-scapular and suprascapular regions. There was associated numbness and tingling to the back of the neck as well as the left arm and fingers. Authorization was requested for a cervical epidural steroid injection at C5-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C5-7: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are subjective/objective/imaging/electrodiagnostic findings supporting a diagnosis of radiculopathy with ongoing complaints despite conservative treatment. In light of the above, the currently requested epidural steroid injection is medically necessary.