

Case Number:	CM14-0172789		
Date Assigned:	10/23/2014	Date of Injury:	12/17/1996
Decision Date:	06/29/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/20/2014

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: Massachusetts

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 (IW) is a 57-year-old male who sustained an industrial injury on 12/17/1996. Diagnoses include cervical stenosis, herniated nucleus pulposus of the cervical, thoracic and lumbar spine and status post multiple lumbar surgeries. Electro diagnostic testing of the bilateral upper extremities on 4/23/14 showed evidence of bilateral carpal tunnel syndrome. Treatment to date has included medications, activity modification, spinal injections, spinal fusion, spinal cord stimulator and physical therapy. According to the visit note dated 9/11/14, the IW reported neck and back pain rated 7/10. He also complained of numbness and aching in both arms, numbness in both legs with the left leg "giving out", difficulty sleeping and subsequent lack of concentration. He stated the spinal cord stimulator was helpful for the back and left leg pain. On examination, range of motion of the cervical and lumbar spine was decreased. His gait was antalgic and he walked with a cane. Sensation was decreased in the left C6, C7 and C8 dermatomes. Strength was 4+/5 in the left deltoid and wrist extension and flexion. A request was made for interlaminar C7-T1 epidural steroid injections for diagnostic and therapeutic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar C7-T1 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in December 1998 and continues to be treated for radiating neck and low back pain. When seen, he was having numbness and tingling of the hands. There was decreased left upper extremity strength and sensation. EMG/NCS testing is referenced as showing findings of carpal tunnel syndrome and right sided cervical radiculopathy. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, the claimant's provider documents left upper extremity neurological deficits with EMG/NCS testing showing right sided radiculopathy. There were no cervical spine imaging results reported that corroborate the presence of left sided cervical radiculopathy. Therefore, the requested epidural steroid injection is not medically necessary.