

Case Number:	CM15-0002753		
Date Assigned:	01/13/2015	Date of Injury:	10/27/2003
Decision Date:	03/16/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/06/2015

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 66-year-old female who reported an injury on 10/27/2003. The mechanism of injury was not stated. The current diagnoses include cervical arthrosis/radiculopathy, trapezial and parascapular strain, bilateral shoulder impingement, right thumb IP arthrosis, extensor tenosynovitis of the right long finger, left cubital tunnel syndrome, left radial tunnel syndrome, bilateral forearm tendinitis, left thumb flexor tenosynovitis, status post bilateral De Quervain's release, and status post multiple upper extremity surgeries. The injured worker presented on 12/05/2014 with complaints of persistent cervical spine symptoms. Previous conservative treatment includes cervical epidural steroid injection, physical therapy, and medication management. Upon examination, there was decreased range of motion of the cervical spine with pain, slight trapezial and paracervical tenderness, diminished sensation in a C7 distribution on the right, positive Spurling's maneuver on the right, and equivocal impingement sign. Recommendations included a right transforaminal cervical epidural steroid injection. A Request for Authorization Form was then submitted on 12/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. While the injured worker does have evidence of radicular symptoms upon examination, there was no documentation of objective functional improvement following the initial procedure. The guidelines recommend at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. Given the above, the request is not medically appropriate.