

Case Number:	CM15-0004425		
Date Assigned:	01/15/2015	Date of Injury:	12/01/2004
Decision Date:	03/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 40 year old male, who sustained an industrial injury on December 1, 2004. He has reported injury of bilateral shoulder, bilateral upper arms, and bilateral lower arms. The diagnoses have included right carpal tunnel syndrome, myofascial pain syndrome, chronic pain syndrome, and cervical spine degenerative disc disease. Treatment to date has included medications, radiological imaging, electrodiagnostic studies, and C6-7 interlaminar epidural steroid injection. Currently, the IW complains of shooting pain into the right arm, tingling, pain in the neck with radiation into the right shoulder. Spurling's sign is positive. Motor strength and reflexes are normal in the upper extremities. There are no sensory deficits noted. The previous cervical epidural steroid injection completed on February 5, 2014, is reported to have provided 50% pain reduction. On December 24, 2014, Utilization Review non-certified of C6-7 interlaminar epidural steroid injection, based on MTUS, Chronic Pain treatment guidelines. On January 8, 2015, the injured worker submitted an application for IMR for review of C6-7 interlaminar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 interlaminar epidural steroid injection QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

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

Decision rationale: C6-7 interlaminar epidural steroid injection QTY:1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend that one of the criteria for cervical epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physical exam findings and objective symptoms do not correlate with the need for a C6-7 epidural steroid injection for radiculopathy. The request is not medically necessary.