

Case Number:	CM15-0100231		
Date Assigned:	06/02/2015	Date of Injury:	04/01/2010
Decision Date:	08/06/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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: 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 is a 57 year old female patient who sustained an industrial injury on 04/01/2010. A recent primary treating office visit dated 04/09/2015 reported subjective complaint of neck pain radiating down the left shoulder which has been increasing and accompanied with a burning sensation. There is popping and clicking of the left shoulder. Conservative therapy to consist of: physical therapy course, chiropractic care, and acupuncture with persistent symptom. An electrodiagnosotic nerve conduction study revealed findings consistent with right L5, bilateral C6 and left C7 radiculopathy. A magnetic resonance imaging study found the left sided foraminal narrowing at C4-5. The assessment found the patient with recommendation to receive an epidural injection; pending authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C4-5, C6-7 Cervical Epidural Steroid injection: Upheld

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

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

Decision rationale: The claimant sustained a work injury in April 2010 and continues to be treated for radiating neck pain. When seen, she was having increasing pain radiating to the shoulder with burning. Prior treatments had included physical therapy, chiropractic care, and acupuncture. EMG/NCS testing had included findings of bilateral C6 and left C7 radiculopathy and an MRI had shown left lateralized foraminal narrowing at C4-5. When requested, no physical examination findings were reported. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there were no reported physical examination findings of radiculopathy. The request cannot be accepted as being medically necessary.