

Case Number:	CM15-0017387		
Date Assigned:	02/05/2015	Date of Injury:	08/06/2014
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/29/2015

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 48-year-old male who reported an injury on 08/06/2014. The injured worker reportedly suffered a cervical sprain while pushing a heavy roller. The current diagnoses is cervical strain. The injured worker presented on 01/02/2015 with complaints of neck pain and left shoulder pain with severe numbness, tingling and weakness in the left upper extremity. Upon examination of the cervical spine, there was diffuse tenderness to palpation, altered sensation in the C5-7 dermatomal distributions, 2+ deep tendon reflexes, negative Spurling's maneuver, positive Hawkin's and impingement sign, positive Speeds test, and positive drop arm test. Recommendations included a bilateral transforaminal epidural steroid injection at C5-6. The injured worker was also given prescriptions for naproxen 500 mg, tizanidine 4 mg and Norco. A Request for Authorization form was then submitted on 01/02/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Epidural Steroid Injection C5 and C6: Upheld

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

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

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with active rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the documentation provided, the injured worker does demonstrate altered sensation at the C5-7 dermatomal distributions. However, the injured worker also demonstrated negative Spurling's test. There was no documentation of motor weakness. Additionally, there was no documentation of a recent attempt at conservative treatment to include active rehabilitation. Given the above the request is not medically appropriate at this time.