

Case Number:	CM15-0113964		
Date Assigned:	06/22/2015	Date of Injury:	09/11/2014
Decision Date:	07/21/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/12/2015

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 61 year old male injured worker suffered an industrial injury on 09/11/2014. The diagnoses included bilateral carpal tunnel syndrome, severe tendinosis of the left shoulder, cervical multi-level thoracic, and lumbar disc protrusion and cervical foraminal stenosis, advanced degenerative disease and facet arthropathy. The diagnostics included cervical/lumbar and left shoulder magnetic resonance imaging and electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with physical therapy medications. On 5/6/2015 the treating provider reported the current neck pain rated 7/10 with radiation down the left shoulder, back and left hip with numbness. He continued to have frequent headaches. On exam the cervical spine revealed tenderness with trigger point on the left side of the cervical spine with reduced range of motion. The treatment plan included cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for left shoulder and radiating neck and low back pain. When seen, there had been temporary improvement after a trapezius injection. He was having symptoms including numbness in his left shoulder and down the left arm. Physical examination findings included cervical spine tenderness and a left-sided trigger point. There was decreased cervical spine range of motion. There was positive cervical axial compression testing producing left shoulder and upper arm radicular pain. There was decreased left shoulder strength. An MRI of the cervical spine in December 2014 is referenced as showing advanced multilevel foraminal stenosis with left lateralization at C3-4 and C4-5. Criteria for the therapeutic use of an epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, physical examination findings included decreased left upper extremity strength and positive axial compression testing. The claimant was having radicular symptoms. Imaging corroborates findings of left upper cervical radiculopathy. The requested epidural steroid injection is medically necessary.