

Case Number:	CM15-0117206		
Date Assigned:	06/25/2015	Date of Injury:	04/19/2011
Decision Date:	07/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/17/2015

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 54 year old who sustained an industrial injury on April 19, 2011. They have reported bilateral leg pain calf with numbness, tingling, and burning sensation to the plantar aspect. Diagnoses include cervical spine disc protrusion, lumbosacral myospasms with radiculopathy, and right wrist tendonitis. Lumbar spine examination notes tenderness to palpation along the bilateral paraspinals. There was decreased range of motion to 80 degrees with pain. There was decreased sensation at L4 dermatome. There was a positive straight leg raise bilaterally. The treatment request included a cervical epidural steroid injection C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection, C6-C7: Upheld

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

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 April 2011 and continues to be treated for neck, right hand, and radiating low back pain. When requested, she was having bilateral leg pain with anterior calf numbness and burning, numbness, and tingling over the plantar aspect of her feet. There was lumbar spine paraspinal muscle tenderness with decreased range of motion. There was decreased lower extremity sensation with positive straight leg raising. EMG/NCS testing has no findings of chronic right cervical radiculopathy. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, when requested, there were no cervical radicular complaints or physical examination findings of cervical radiculopathy. The requested cervical epidural injection is not medically necessary.