

Case Number:	CM15-0118425		
Date Assigned:	06/26/2015	Date of Injury:	07/02/2013
Decision Date:	07/28/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/18/2015

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 50-year-old female with an industrial injury dated 07/02/2013. Her diagnoses included cervical sprain, left shoulder sprain, left elbow sprain, left wrist sprain, cervical disc disease, and right sided carpal tunnel syndrome. Prior treatment included physical therapy, TENS and medications. She presented on 04/15/2015 stating her symptoms were getting worse. She states she cannot lift above the shoulder level on both sides but worse on the left side. She states that sometimes her left arm gives out. Physical examination revealed stiffness and tightness on the left side of cervical paravertebrals and the trapezius. Left rotation was restricted and painful. Cervical compress test and Spurling's test was negative. There was tenderness at the left acromioclavicular joint and subacromial space with restricted range of motion. Left elbow was tender. The treatment plan included pain medication (Norco), anti-inflammatory (Naproxen) and authorization for cervical epidural. Work status was modified duties with the restrictions of no lifting more than 15 pounds, no constant neck positioning and no over shoulder and overhead activities on the left side. If employer cannot accommodate the restrictions, she could be considered totally temporarily disabled until 05/13/2015. MRI of the cervical spine as documented by the provider showed moderate narrowing cervical 5-6 intervertebral disc with minimal posterior bony endplate proliferation. The treatment request is for Naproxen 550 mg twice per day # 60 (prescribed 04/15/2015) authorized and Norco 10/325 mg every 8 hours # 90 (prescribed 04/15/2015) - not listed on application. The treatment request for review is for cervical epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural: Upheld

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

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 July 2013 and continues to be treated for neck and bilateral shoulder pain. When seen, symptoms were worse on the left side. There was decreased and painful cervical spine range of motion with left sided paraspinal and trapezius muscle stiffness and tightness. Spurling's testing was negative. There was decreased and painful left shoulder range of motion with acromioclavicular joint and subacromial tenderness and positive impingement testing. There was left wrist tenderness. Testing has included an MRI of the cervical spine on 06/20/14 including findings of C5-6 spondylosis with significant right and mild left foraminal narrowing. Electrodiagnostic testing was positive for mild right sided carpal tunnel syndrome. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, the claimant's provider documents negative Spurling's testing and there are no documented neurological findings. Her symptoms are worse on the left, which does not correlate with the imaging findings. Electro diagnostic testing was negative for radiculopathy. The request is not medically necessary.