

Case Number:	CM15-0126287		
Date Assigned:	07/10/2015	Date of Injury:	05/31/2011
Decision Date:	08/06/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/30/2015

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 52-year-old female, who sustained an industrial injury on 5/31/2011. Diagnoses have included carpal tunnel syndrome, complex regional pain syndrome (CRPS) type II, gastroesophageal reflux disease and neuropathy. Treatment to date has included medication. Cervical magnetic resonance imaging (MRI) dated 4/22/2015 showed minimal, cervical, spondylotic changes. Electromyography (EMG) study from 4/17/2015 showed bilateral C6 radiculopathy. According to the progress report dated 6/10/2015, the injured worker complained of muscle spasms in her hands. The injured worker suffered from carpal tunnel syndrome with neuropathy in her hands, back, shoulders and neck. She reported that her spasms were more intense and severe over the past four months. She rated her current pain as 6/10, most notable in the shoulders. Authorization was requested for cervical spine steroid injection at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine steroid injection at C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not clearly established here. Submitted reports have not adequately demonstrated any correlating neurological deficits of radiculopathy collaborated with imaging, noting hand spasm. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged for this chronic injury of 2011. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in clinical findings or progression in functional status. The Cervical spine steroid injection at C7-T1 is not medically necessary and appropriate.