

Case Number:	CM15-0177320		
Date Assigned:	09/18/2015	Date of Injury:	06/12/2013
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/09/2015

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 34 year old female who sustained an industrial injury on 06-12-13. A review of the medical records indicates the injured worker is undergoing treatment for neck and thoracic sprain, left acromioclavicular arthritis, left rotator cuff tendinitis, subacromial and subdeltoid bursitis, and probable left thoracic outlet syndrome. Medical records (04-29-15 through 08-21-15) reveal the injured worker complains of neck and shoulder pain, rated at 6-7/10. Pain is noted to be aggravated by lifting use of the left arm and overhead use of the left arm as well as neck flexion. The physical exam (08-11-15) reveals cervical range of motion is limited and painful. Treatment has included medications and physical therapy. The original utilization review (08-27-15) non certified the request for a transforaminal epidural steroid injection at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at C6 and C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck-Epidural Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in June 2013 and continues to be treated for left-sided neck, trapezius, shoulder, arm, and hand pain. When seen, there was decreased cervical spine range of motion with neck and left trapezius pain. There was left acromioclavicular joint and left cervical facet tenderness. There was decreased left upper extremity strength. Tinel's testing at the wrist was positive. An MRI of the cervical spine is referenced as showing multilevel disc protrusions. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased left upper extremity strength. However, although imaging is referenced as showing disc protrusions, the actual MRI report was not provided and there are no described left lateralized findings or findings or neural compromise that would corroborate a diagnosis of left cervical radiculopathy. The requested epidural steroid injection is not medically necessary.