

Case Number:	CM15-0177860		
Date Assigned:	09/18/2015	Date of Injury:	06/13/2012
Decision Date:	10/21/2015	UR Denial Date:	08/31/2015
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:

This is a 56-year-old male worker who was injured on 6-13-2012. The medical records indicated the injured worker (IW) was treated for degeneration of the cervical intervertebral disc, chronic pain syndrome; and burning caused by caustic organic chemical. According to the progress notes (6-24-15 and 8-12-15) the IW reported neck pain radiating to the bilateral upper extremities with associated weakness and numbness, constant left shoulder pain and constant bilateral medial thigh pain, all of which was unchanged. Activities of daily living were improved with medications. Medications included Gabapentin, Pantoprazole, Tramadol, Valium and Trazodone. The physical examinations (6-24-15 and 8-12-15) were stable, with noted diminished bilateral upper extremity reflexes and no sensory deficits. Tinel's sign was positive at the right median nerve at the wrist and at the left ulnar nerve at the wrist. The 6-2-15 evaluation stated he had difficulty with bathing and dressing secondary to pain and also difficulty with writing, typing, sitting, climbing stairs, standing and walking and with grasping and lifting. Treatments have included physical therapy and bilateral shoulder injections, which provided temporary relief. The provider described cervical MRI results as "multilevel degenerative changes", but there was no report submitted. A Request for Authorization was received for cervical epidural steroid injection. The Utilization Review on 8-31-15 non-certified the request for cervical epidural steroid injection, as the CA MTUS ACOEM guidelines were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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 2012 and is being treated for chronic pain after sustaining gasoline burn injury. When seen, he was having neck pain with radiating symptoms of tingling and aching. Physical examination findings included a body mass index of over 30. Pain was rated at 7/10. There was decreased bilateral upper extremity strength with normal sensation. Prior testing results were reviewed. Electrodiagnostic testing had shown findings of carpal tunnel syndrome. An MRI of the cervical spine is referenced as showing degenerative disc disease, most pronounced at C3/4 with mild cord compression. 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 was having numbness and aching without reported radicular pain symptoms. Although decreased upper extremity strength is documented, the imaging findings described are not reported in enough detail to support the presence of cervical radiculopathy and the test report was not provided. Based on the information provided, the requested epidural steroid injection cannot be accepted as being medically necessary.