

Case Number:	CM15-0043193		
Date Assigned:	03/13/2015	Date of Injury:	04/15/2014
Decision Date:	04/22/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 43-year-old male, with a reported date of injury of 04/15/2014. The diagnoses include thoracic spine sprain/strain, chronic neck pain, chronic left arm pain, left carpal tunnel syndrome, chronic right C6 radiculopathy, and rule out cervical instability and stenosis. Treatments to date have included electro diagnostic studies of the cervical spine and upper extremities on 10/22/2014, oral medications, topical pain medication, x-rays of the cervical spine on 01/05/2015, and an MRI of the cervical spine on 01/30/2015. The progress report dated 02/05/2015 indicates that the injured worker had neck pain, with shooting arm pain down the left elbow. An examination of the cervical spine showed decreased range of motion throughout the neck, tingling in the left arm, and tingling and abnormal sensation in the biceps and the outer side of the back of the forearm. The treating physician requested C7-T1 translaminal epidural steroid injection for the neck and left arm symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminal Epidural Steroid Injection (Cervical C7 - T1 Thoracic): 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 Pain Interventions and Guidelines Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case, the documentation in the medical record does not support the diagnosis of cervical radiculopathy and there are no corroborative imaging or electro diagnostic studies. Criteria for epidural steroid injection have not been met. The request should not be authorized. Therefore, this request is not medically necessary.