

Case Number:	CM15-0064702		
Date Assigned:	04/10/2015	Date of Injury:	05/10/2010
Decision Date:	05/15/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/06/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 46-year-old man sustained an industrial injury on 5/10/2010. The mechanism of injury is not detailed. Diagnoses found in a previous note include right elbow epicondylitis with cubital syndrome, right wrist sprain/strain with ganglion cyst, right hand carpal tunnel, herniated cervical disc, symptoms of insomnia, and pain overload to the left shoulder. Treatment has included oral medications, exercise, and surgical intervention. Physician notes dated 10/9/2014 show complaints of neck, right shoulder, right elbow, right wrist, and right hand pain rated 6-9/10. Recommendations include cervical spine epidural steroid injection, renew current medications, surgical intervention, ultrasound guided corticosteroid injection to the right shoulder, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine Epidural Steroid Injection at C4-C5 and C5-C6 under fluoroscopic guidance: 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(s): 46.

Decision rationale: The request is for cervical spine epidural steroid injections at C4-5 and C5-6 under fluoroscopic guidance. The claimant was injured in 2010, however no details of the mechanism of injury are provided. Claimant was diagnosed with cervical intervertebral disc displacement without myelopathy, was treated and reached maximum medical improvement on 5/15/2014. The patient now has pain in the neck, right shoulder, right elbow, right wrist and right hand. The MTUS states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In addition, the patient should be unresponsive to conservative treatment, including exercise, NSAIDs, PT and muscle relaxants. There is no evidence of a trial of conservative treatment. A previous MRI of the neck was performed 2 years ago and there is no recent MRI to corroborate radiculopathy at the requested levels. There is no EMG/NCV to demonstrate radiculopathy. The most recent physical exam is over 4 months ago and does not demonstrate findings of radiculopathy. Thus, the request is not medically necessary.