

Case Number:	CM15-0071202		
Date Assigned:	04/21/2015	Date of Injury:	04/07/2011
Decision Date:	05/19/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/14/2015

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 47 year old female, who sustained an industrial injury on 4/7/2011. She reported falling and injuring her left upper arm and finger. The injured worker was diagnosed as having neck pain, cervical disc protrusions with multilevel neural foraminal narrowing, cervical radiculopathy, cervical facet arthropathy; status post left shoulder surgery with residual pain, history of left hand fifth finger fracture with residual pain, and ulnar neuropathy at the elbow. Treatment to date has included medications, and urine drug screening. The request is for outpatient left C5-C6 selective epidural steroid injection/fluoroscopy. On 3/2/2015, the injured worker complained of neck pain, left shoulder and left upper extremity pain. She rated her neck pain as 6-7/10 and it is worse with increased activity. She reports her medications to give her a decreased pain level of 4-5/10 from 7-8/10. The treatment plan included cervical epidural steroid injection, refill medications of Tramadol, Gabapentin, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective epidural steroid injection/fluoroscopy, left C5-C6, outpatient: Overturned

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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic radiating neck pain. When seen, she was having radicular symptoms into the left arm. Physical examination findings included decreased left upper extremity sensation and positive Spurling's test. An MRI is referenced as showing multilevel disc protrusions with foraminal narrowing. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents positive neural tension signs and decreased left upper extremity sensation and imaging has shown findings consistent with the presence of radiculopathy. Prior conservative treatments have included physical therapy and medications. The criteria is met and the requested epidural steroid injection is therefore considered medically necessary.