

Case Number:	CM15-0071617		
Date Assigned:	04/21/2015	Date of Injury:	02/21/2002
Decision Date:	05/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/15/2015

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 68 year old male, who sustained an industrial injury on 2/21/02. He reported initial complaints of the right shoulder and neck. The injured worker was diagnosed as having displacement cervical intervertebral disc without myelopathy; intervertebral disc disorder with myelopathy lumbar region; other disorders of bursae and tendons shoulder region; lumbago; other acquired deformities of ankle and foot. Treatment to date has included status post left ankle talar dome fracture repair (9/2002); status post right shoulder arthroscopic debridement surgery with biceps tendon repair; cervical epidural steroid injection (ESI) (1/2003); MRI cervical spine (3/17/15); medications. Currently, the PR-2 notes dated 3/23/15 the injured worker complains of right shoulder and back "mid back lower back hurts pain down arms everyday and pain in abdomen." The injured worker continues to suffer from cervical pain and spasms and decreased range of motion. He notes essentially constant bilateral neuritis symptoms in the ulnar aspect of the forearm and hands, extending into the axilla. The injured worker notes right shoulder continues to have decreased range of motion and pain. There is ongoing back spasms and low back pain; spasm radiating down the left leg into the lateral aspect of the atrophied left calf. He wears an AFO on the left foot drop. The injured worker takes minimal medications for his orthopedic condition and does home exercise and stretching; uses a lumbar inversion table and a cervical traction device. The physical examination reveals decreased cervical range of motion with left motion markedly limited at approximately 15 degrees right rotation 45 degrees; flexion and extension are decreased by 50% or more and the right shoulder has limited range of motion with equivocally positive drop test. The MRI of the cervical spine (3/17/15) is significant for

multilevel cervical spondylolisthesis throughout the cervical spine with most severe at C4-5 and C5-6 with bilateral neuroforaminal impingement at both levels. The providers treatment plan has included a C4-5, C5-6 bilateral transforaminal ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5, C5-6 bilateral transforaminal ESI: 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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for right shoulder, neck, and back pain. When seen, the claimant had complaints of cervical pain and spasms with decreased range of motion. He was having bilateral upper extremity symptoms radiating from the forearm and hand into the axilla. Physical examination findings documented are that of decreased cervical spine range of motion. An MRI of the cervical spine is referenced as showing multilevel spondylolisthesis with bilateral foraminal impingement at C4-5 and C5-6. 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, there are no reported physical examination findings that support a diagnosis of cervical radiculopathy. The request was therefore not medically necessary.