

Case Number:	CM15-0077539		
Date Assigned:	04/29/2015	Date of Injury:	06/06/2010
Decision Date:	06/01/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/23/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 54 year old female, who sustained an industrial injury on 06/06/2010. According to a progress noted dated 03/30/2015, the injured worker continued to experience left shoulder pain but was also experiencing paresthesias radiating down the left arm to the fourth and fifth fingers. Symptoms were exacerbated by cervical extension or lying supine. Pain level of her left shoulder and arm symptoms ranged from 6-10 on a 1-10 scale and was currently 7. Objective findings included negative Spurling's test. Manual muscle testing and sensation to touch were intact at the upper extremities. Muscle stretch reflexes were grade 2/5 at the biceps, brachial radialis and triceps bilaterally, but were hyporeflexic at the left long finger flexors compared to the right. She had full left shoulder ranges of motion with slightly positive shoulder impingement signs. Supraspinatus isolation was intact. Diagnoses included C7-T1 foraminal stenosis with left C8 radicular pain, left shoulder surgery postoperative and left sternoclavicular joint pain. The provider noted that the injured worker was experiencing left upper extremity radicular symptoms in a C8 distribution consistent with her MRI finding of C7-T1 foraminal stenosis. Treatment plan included a left C8 transforaminal epidural injection for both diagnostic and potentially therapeutic measures. Currently under review is the request for a left cervical transforaminal epidural steroid injection at the C8 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left cervical transforaminal epidural injection at the C8 level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are recent subjective complaints or physical examination findings supporting a diagnosis of radiculopathy, MRI does support however electrodiagnostic studies do not support a diagnosis of radiculopathy, and no documentation of failed conservative treatment. There is documentation of physical therapy for the shoulder but not for the cervical radiculopathy. Failure of conservative treatment options have not been documented or done. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.