

Case Number:	CM14-0174149		
Date Assigned:	10/24/2014	Date of Injury:	02/09/2009
Decision Date:	12/03/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old female smoker who reported an injury of unspecified mechanism on 02/09/2009. On 09/17/2014, her diagnoses included cervical spondylosis, low back pain, cervical spine pain, sacroiliitis, lumbosacral spondylosis without myelopathy, fibromyalgia/myositis, cervicgia, and facet joint syndrome. Her complaints included neck pain with radiation into the upper extremities, greater on the right side than on the left. The cervical spine examination revealed no atrophy or wasting of the muscles, and no evidence of scarring, spasm or deformity. The range of motion was reduced. There was tenderness present in the cervical paravertebral regions bilaterally at C5-6, C6-7, and C7 through T1. A Spurling's test was positive on the right for neck pain, as well as radiculopathy. The Spurling's test was positive on the left for neck pain only. She had decreased sensation in the right arm C6 dermatome. An MRI of the cervical spine on 07/31/2014 revealed postoperative changes of anterior discectomy and fusion at C5-C7, and no evidence of significant central canal or foraminal stenosis. There was no evidence of an intra or extra axial enhancing lesion. The treatment plan included the examination findings noted above and recommendation for a transforaminal epidural steroid injection at C5-6 on the right. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection at Right C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for transforaminal epidural steroid injection at right C5-C6 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. There is little information on improved function. There is insufficient evidence to make any recommendations for the use of epidural steroid injections to treat radicular cervical pain. The guidelines do not support this request. Therefore, this request for transforaminal epidural steroid injection at right C5-C6 is not medically necessary.