

Case Number:	CM14-0201711		
Date Assigned:	12/12/2014	Date of Injury:	02/28/2011
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/02/2014

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. 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
 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:

The injured worker is a 57 year-old female, who was injured on February 28, 2011, while performing regular work duties. The mechanism of injury is from a slip and fall, resulting in injury of the nose, forehead, mouth, right hip, right hand and elbow. An evaluation on July 9, 2012, indicates physical findings of tenderness of the thoracic spine. A magnetic resonance imaging of the cervical spine on April 25, 2012, reveals degenerative spondylosis, a mild impingement at C5-6, stenosis with probable compression of bilateral C6 nerve roots. An evaluation on August 20, 2012, indicates physical findings of tenderness of the thoracic area, and muscle spasms in the neck. An evaluation on September 4, 2014, indicates physical findings of thoracic tenderness. A review of the medical records by [REDACTED] indicates on September 15, 2003, there was increasing neck and shoulder pain, and a magnetic resonance imaging showed tendinitis. The records indicate the injured worker has received treatment including: right shoulder surgery, medications, epidural steroid injections of the thoracic spine, physical therapy, massage therapy, chiropractic treatment, and acupuncture therapy. The current medications are: Diazepam, Hydrocodone/Ibuprofen, and Oxycontin. The Utilization Review indicates that on October 14, 2014, a non-certification of epidural steroid injection of the cervical spine was determined. The request for authorization is for a cervical epidural injection under fluoroscopic guidance. The primary diagnosis is brachial neuritis or radiculitis. On November 21, 2014, Utilization Review non-certified the request for a cervical epidural injection under fluoroscopic guidance, based on MTUS, Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection Under Fluoroscopic Guidance: Upheld

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

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

Decision rationale: According to guidelines ESIs are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. According to medical records there is no documentation of cervical radiculopathy and thus is not medically necessary.