

Case Number:	CM15-0005037		
Date Assigned:	02/06/2015	Date of Injury:	02/27/2012
Decision Date:	03/30/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 46 year old female, who sustained an industrial injury on 2/27/12. On 1/9/15, the injured worker submitted an application for IMR for review of C3-4 and C4-5 Cervical Epidural Steroid Injection (CESI) Catheter Assisted. The treating provider has reported the injured worker complained of cervical pain that is constant described as aching and causing headaches, right shoulder, shoulder blade pain and numbness to right arm, hand and left thumb. The diagnoses have included cervical spondylosis, cervical radiculitis, cervicgia, cervical radiculitis, rotator cuff syndrome, lumbago, and lumbar radiculitis/thoracic radiculitis. Treatment to date has included cervical MRI (2/8/14), physical therapy. On 12/17/14 Utilization Review non-certified C3-4 and C4-5 Cervical Epidural Steroid Injection (CESI) Catheter Assisted. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-4 and C4-5 Cervical Epidural Steroid Injection (CESI) Catheter Assisted: Upheld

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

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

Decision rationale: C3-4 and C4-5 Cervical Epidural Steroid Injection (CESI) Catheter Assisted is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, the patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The documentation does not indicate history and physical exam findings that support the request for a C3-4 and C4-5 epidural steroid injection. Furthermore, there are no objective cervical MRI or electrodiagnostic findings submitted. The guidelines recommend injections also after the patient is unresponsive to conservative treatment such as physical therapy. The documentation does not include objective physical therapy documentation revealing the efficacy and amount of prior cervical therapy. For all of these reasons the request for C3-4 and C4-5 Cervical epidural steroid injection (CESI) catheter assisted is not medically necessary.