MAXIMUS Federal Services

Case Number:	CM15-0007200		
Date Assigned:	01/26/2015	Date of Injury:	01/31/2012
Decision Date:	03/26/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic neck, shoulder, elbow, arm, and hand pain reportedly associated with an industrial injury of January 31, 2012. In a Utilization Review Report dated December 22, 2014, the claims administrator failed to approve a request for a C6-C7 cervical epidural steroid injection. The claims administrator did, however, suggest that the applicant had had electrodiagnostic testing of May 19, 2014 suggestive of a C6-C7 radiculopathy. The applicant's attorney subsequently appealed.On January 23, 2015, the attending provider apparently appealed previously denied acupuncture and a previously denied cervical epidural steroid injection. The attending provider stated that he had last evaluated the applicant on December 24, 2014 and that the applicant had ongoing issues with cervical radiculitis and carpal tunnel syndrome, in addition to ancillary complaints of shoulder pain, wrist pain, and elbow pain. 8/10 pain was reported. The attending provider reiterated that the applicant had electrodiagnostically confirmed cervical radiculopathy. The attending provider did not state whether the applicant had or had not prior epidural steroid injection.In a December 15, 2014 RFA form, a cervical epidural steroid injection was sought. In an associated progress note of December 4, 2014, the applicant was placed off of work, on total temporary disability owing to 7-8/10 complaints of neck pain radiating to the bilateral arms. The applicant was given a primary diagnosis of cervical radiculitis. A C6-C7 cervical epidural steroid injection was endorsed while the applicant was placed off of work, on total temporary disability.The electrodiagnostic testing of May 19, 2014 was suggestive of an active cervical radiculopathy at the C6-C7 level. The remainder of the file was surveyed, including an initial evaluation of

February 24, 2014. There was no explicit mention of the applicant's having had a prior cervical epidural steroid injection on that initial evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at The C6-7: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

Decision rationale: Yes, the proposed cervical epidural steroid injection is medically necessary, medically appropriate, and indicated here.As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the applicant does have an electrodiagnostically confirmed cervical radiculopathy at the level in question, C6-C7. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, furthermore, does support up to two diagnostic blocks. Here, the information on file suggests that the applicant has not had a prior cervical epidural steroid injection. Moving forward with the proposed epidural injection is, thus, indicated. Therefore, the request is medically necessary.