

Case Number:	CM15-0007602		
Date Assigned:	01/22/2015	Date of Injury:	09/30/2013
Decision Date:	03/19/2015	UR Denial Date:	12/30/2014
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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female with a reported date of injury on 09/30/2013. The mechanism of injury was listed as repetitious use injury. The injured worker's diagnoses include cervical spondylosis. According to the documentation provided, the treatment options completed thus far were shown to include acupuncture. A prior MRI of the cervical spine performed 12/13/2013 was noted to reveal multilevel degenerative disc disease. The latest clinical note indicated that the injured worker had subjective complaints of pain to the cervical spine with associated decreased range of motion and increased tightness. Objective findings indicated that the injured worker was noted to state that the last episode of arm pain with numbness and tingling was approximately 3 months prior to the examination. The clinical note also indicated that the injured worker was not taking any medications and had not received any physical therapy. Under the treatment plan, it was noted the physician was recommending epidural steroid injection; however, there is no rationale provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injections (CESI) x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

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

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections may be recommended in injured workers that have evidence of radiculopathy that is documented via physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain was initially unresponsive to conservative treatment, including exercise, physical therapy, NSAIDs, and muscle relaxants. There is a lack of documentation provided that the injured worker currently has evidence of radiculopathy within the most current physical exam findings; the documentation provided indicated the injured worker's last episode of arm pain with numbness and tingling was approximately 3 months prior to the 12/17/2014 clinical note. In addition, there are no imaging studies and/or electrodiagnostic testing that reveal significant pathology that would corroborate radiculopathy. Furthermore, the injured worker has not completed an adequate amount of conservative therapy, to include exercise and physical therapy. Lastly, the request as provided does not specifically address at what levels the epidural steroid injection is being requested for. Therefore, the request for cervical epidural steroid injection x1 is not medically necessary.