

Case Number:	CM15-0102308		
Date Assigned:	06/04/2015	Date of Injury:	02/16/2010
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/27/2015

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: Connecticut, California, Virginia
 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 injured worker is a 53 year old female, who sustained an industrial injury on February 16, 2010, incurring neck and upper back injuries after a slip and fall. She was diagnosed with cervical disc disease. In 2013, she underwent a cervical discectomy and fusion. She continued with ongoing neck pain. In July 2014, a cervical Magnetic Resonance Imaging revealed multilevel degenerative disc disease with spinal stenosis. Electromyography studies revealed cervical radiculopathy. Treatment included pain medications, acupuncture, physical therapy, chiropractic sessions, bracing and Cognitive Behavioral Therapy. Currently, the injured worker complained of persistent neck pain with restricted range of motion, numbness and tingling down into the arm and hand and fingers. The treatment plan that was requested for authorization included a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 epidural steroid injection, per 4/22/15 order: Overturned

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

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

Decision rationale: Per the MTUS Chronic Pain Guidelines (page 46), most current guidelines recommend no more than 2 epidural steroid injections. In order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The patient has history of greater than 60% relief with prior injection per the provided records. If epidural injections are to be utilized as a therapeutic modality, no more than two injections are recommended, and repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, the request injection at this time is considered medically appropriate.