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| Case Number: | CM15-0105627 | | |
| Date Assigned: | 07/17/2015 | Date of Injury: | 02/06/2000 |
| Decision Date: | 08/13/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old female, who sustained an industrial injury on 2/6/2000. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical spondylosis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/7/2015, the injured worker complains of neck pain with radiation to the shoulder girdle. Physical examination showed limited cervical rotation and tenderness of the right cervical paravertebral muscles. The treating physician is requesting bilateral cervical 4-7 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-C7 cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injections, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected at one session. Within the documentation available for review, there are no current clinical and imaging/electrodiagnostic findings consistent with radiculopathy. Furthermore, the requested number of levels exceeds the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested epidural steroid injections are not medically necessary.