

Case Number:	CM15-0016780		
Date Assigned:	02/05/2015	Date of Injury:	11/03/2006
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 68 year old female with an industrial injury dated November 3, 2006. The injured worker diagnoses include cervical radiculopathy. She has been treated with diagnostic studies, prescribed medications, physical therapy, chiropractic treatment, acupuncture therapy, consultation and periodic follow up visits. In a progress note dated 1/16/2015, the injured worker reported increase neck pain and that she ran out of medication. The treating physician noted that there was decrease sensation in the bilateral arm, forearm and C6 distribution, positive Spurling sign and decrease grip. Documentation noted that MRI revealed disc bulge at C3-C4, C4-C5, and C5-C6 with neuroforaminal stenosis. The treating physician prescribed services for cervical epidural injection C4-6 now under review. UR determination on January 22, 2015 denied the request for cervical epidural injection C4-6, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection C4-6: 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 of 127.

Decision rationale: The California MTUS guidelines indicate that the criteria for epidural steroid injections includes the presence of a radiculopathy that is documented by physical examination and corroborated by imaging studies. The attached medical record does indicate that the injured employee complaints of upper extremity radicular symptoms and has abnormal neurological findings of the right upper extremity in the C6 nerve distribution as well as a positive Spurling's test. The MRI the cervical spine does revealed disc bulging and neural foraminal stenosis at the same level to corroborate these findings. However, this request is for an injection from C4 - C6 and there are no abnormal physical examination findings affecting the C-4 - C-5 level. Considering the lack of physical examination findings to justify this procedure, this request for a cervical spine epidural steroid injection at C4-C6 is not medically necessary.