

Case Number:	CM15-0133436		
Date Assigned:	07/21/2015	Date of Injury:	12/18/2001
Decision Date:	08/17/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

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 47 year old female with an industrial injury dated 12/18/2001. Her diagnoses included post-traumatic stress disorder, cervical spondylosis, cervical disc herniation, cervical radiculopathy and myofascial pain syndrome. Prior treatment included trigger point injections, cognitive behavioral therapy and medications. The provider documents she has failed the following medications: Flexeril, Tizanidine, Skelaxin, Robaxin, Baclofen, Lyrica (suicidal ideation), Cymbalta (suicidal ideation) and Gabapentin (increased nerve pain). She presents on 06/08/2015 for follow up. She had been out of medication for 3 days and had used 1 pill extra on several days. She is asking for "help" and states her pain is severe at the time of the appointment. She continues to work and continues on oxycodone which was mildly decreasing her pain. She reports right neck and shoulder pain described as constant and agonizing over a wide area. The pain is accompanied by paresthesia to the right fingers and the pain goes down to the mid upper arm. Objective findings noted tenderness in the right trapezius. There was pain with range of motion in all axis, causing right neck pain with pain referred to right shoulder and scapular area. Treatment plan included to refill Oxycodone, cervical epidural steroid injection, cervical spine MRI and to continue cognitive behavioral therapy. The treatment request for Oxycodone 20 mg # 120 was authorized. The treatment request for review is right C5-C6 transforaminal epidural steroid injection (TFESI.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5-C6 transforaminal epidural steroid injection (TFESI): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2001 and continues to be treated for neck pain with right upper extremity paresthesias. An MRI of the cervical spine included findings of a right lateralized C3-4 posterolateral disc osteophyte complex causing right sided foraminal stenosis. When seen, she was having worsening pain with cervical spine movements. She was continuing to work full-time. There was decreased right upper extremity strength and sensation. There was paraspinal and right trapezius muscle tenderness. Authorization for a cervical epidural steroid injection was requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased right upper extremity strength and sensation and imaging is reported as showing findings of right lateralized foraminal stenosis. The requested epidural steroid injection is medically necessary.