

Case Number:	CM15-0136747		
Date Assigned:	07/24/2015	Date of Injury:	06/26/2013
Decision Date:	08/26/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 38 year old female, who sustained an industrial injury on June 26, 2013. The injured worker reported neck and back pain. The injured worker was diagnosed as having brachial neuritis or radiculitis, cervical intervertebral disc displacement, cervical facet joint syndrome, cervical annular tear and myalgia and myositis. Treatment to date has included x-ray, physical therapy, acupuncture, pain management, epidural steroid injection, physiotherapy, lumbar support, cervical traction, and magnetic resonance imaging (MRI). A progress note dated June 8, 2015 provides the injured worker complains of intermittent neck pain radiating to the right arm. She rates her pain 4/10 without medication and reports medication helps with the pain. She also reports low back pain radiating down her left leg to the foot with numbness. She rates her pain 3/10 without medication and that medication helps her pain. Physical exam notes cervical tenderness with guarding and positive compression test. There is decreased range of motion (ROM). The plan includes cervical epidural steroid injection and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic cervical epidural steroid injection C5-6, C6-7: 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 (ESI) Page(s): 46.

Decision rationale: CA MTUS Guidelines state that ESI are, "Recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy)." Specific criteria for ESI are given, stating, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the patient has decreased sensation in the C6-C8 distribution, indicating cervical radiculopathy, however the cervical MRI shows only effacement of the thecal sac. There is some neuroforaminal stenosis corresponding to a C-6 radiculopathy, so ESI at C5-C6 level is reasonable. However, the request for the C6-C7 ESI is not medically necessary. Therefore, the request is deemed not medically necessary.