

Case Number:	CM15-0137926		
Date Assigned:	07/27/2015	Date of Injury:	05/19/2004
Decision Date:	08/28/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/16/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This 60 year old female sustained an industrial injury to the neck on 5/19/04. Electromyography bilateral upper extremities (5/29/15) showed chronic left C7 radiculopathy. The injured worker underwent cervical discectomy and fusion at C5-6 on 6/8/05. Recent treatment consisted of medication management. In a PR-2 dated 6/2/15, the injured worker complained of ongoing severe neck pain with radiation down the left upper extremity. Physical exam was remarkable for cervical spine with tenderness to palpation over bilateral trapezius musculature, decreased range of motion, decreased bilateral deltoid strength and intact sensation throughout bilateral upper extremities. Current diagnoses included mild central stenosis with bilateral foraminal narrowing at C4-5, broad based disc bulge at C6-7 with bilateral foraminal narrowing, status post cervical fusion and left C7 radiculopathy. The physician noted that the injured worker remained highly symptomatic with neck and upper extremity complaints. Recent electromyography did not reveal any active denervation. The physician stated that the injured worker would benefit from cervical spine epidural steroid injection. The treatment plan included epidural steroid injection at left C6-7 and continuing to use Norco for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at C6-C7 on the left: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for Epidural steroid injection at C6-C7 on the left, 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 (exercises, physical methods, NSAIDs and muscle relaxants). Within the documentation available for review, there are recent subjective complaints and physical examination findings supporting a diagnosis of radiculopathy, MRI and electrodiagnostic studies supporting a diagnosis of radiculopathy, but no documentation of failed conservative treatment. However, there is an absence of failure of conservative treatments. In the absence of such documentation, the currently requested Epidural steroid injection at C6-C7 on the left is not medically necessary.