

Case Number:	CM15-0138841		
Date Assigned:	07/28/2015	Date of Injury:	01/17/2007
Decision Date:	08/25/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/17/2015

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 61-year-old female, who sustained an industrial injury on January 17, 2007, incurring upper back and neck injuries when she was struck in the front of her head with a garbage can and then fell on her face. She was diagnosed with cervical discogenic disease, cervical radiculitis and cervical facet syndrome. She underwent a cervical spinal fusion in 2007 and a micro-discectomy and discogram in 2013. Treatment included physical therapy, chiropractic sessions, acupuncture, epidural steroid injection, nerve blocks, trigger point injections, pain medications, and cervical collar and activity restrictions. Currently, the injured worker complained of persistent pain in her neck radiating to both shoulders and into the left upper extremity. She noted numbness in the forearm and fingers of the left hand. She had difficulty grasping objects in the left hand. She noted decreased range of motion of the cervical spine. She complained of daily headaches which interfered with her activities of daily living. The treatment plan that was requested for authorization included three cervical epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) cervical epidural injections: 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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in January 2007 and continues to be treated for neck pain radiating into the left upper extremity. Treatments have included an anterior cervical decompression and fusion. An MRI of the cervical spine in September 2014 included findings of a left lateralized C6-7 disc protrusion. When seen, there was decreased left upper extremity sensation. There was normal strength. Her BMI was over 37. Authorization for a series of three cervical epidural injections was requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies or electro diagnostic testing. In this case, the claimant has decreased left upper extremity sensation and imaging corroborates left sided cervical radiculopathy. However, a series of three injections in either the diagnostic or therapeutic phase is not recommended. The request was not medically necessary.