

Case Number:	CM15-0143131		
Date Assigned:	08/04/2015	Date of Injury:	01/16/1996
Decision Date:	09/04/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/23/2015

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:

The injured worker is a 55 year-old female who sustained an industrial injury on 01-16-96. Initial diagnoses are not available. Current diagnoses include cervical muscle pain, degenerative disc disease, cervical-brachial neuralgia, and chronic low back pain. Treatment to date has included steroid injections which were partially effective, epidural pump, and medication management. Currently, the injured worker complains of low back, left arm, and neck pain. It is rated as a 4 on a 10 pain scale with a burning quality, and radiates into her left arm. Physical examination of the neck is remarkable for tenderness to palpation of the trapezius muscle; cervical spine has good range of motion with paravertebral and trapezius muscle spasm. Requested treatments include cervical epidural steroid injection with fluoroscopy. Her oral narcotic medication is being decreased. The injured worker's status is not addressed. Date of Utilization Review: 07-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review there are no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy, no documentation of failed conservative treatment and no documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement following previous epidural injections. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.