

Case Number:	CM15-0143422		
Date Assigned:	08/04/2015	Date of Injury:	07/23/2014
Decision Date:	09/01/2015	UR Denial Date:	06/25/2015
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: 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 43-year-old female, who sustained an industrial injury on July 23, 2014. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, acupuncture, home exercise program and home electrical stimulation therapy. Currently, the injured worker complains of frequent, moderate neck and bilateral arm pain rated at 4-8 on 10. She is currently diagnosed with cervical root lesions (not otherwise specified). Her work status is modified duties. In a progress note dated May 1, 2015, it states the injured worker is experiencing difficulty with activities of daily living and decreased function. The note also states the injured worker rates her pain at 7 on 10 with pain medication and 8 on 10 without it. A note dated May 26, 2015 from an acupuncture appointment, reveals the injured worker is improving. The efficacy response to home exercise program and home electrical stimulation therapy were not included. The most recent progress note dated June 15, 2015 is difficult to decipher. Due to the continued complaint of pain, a right C7-T1 trans-facet epidural injection x2 is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C7-T1 transfacet epidural injection x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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 July 2014 and continues to be treated neck pain with intermittent numbness and tingling affecting the right upper extremity. When seen, pain was rated at 5-9/10. Physical examination findings included paraspinal muscle and trapezius tenderness with an anterior head posture. There was decreased range of motion. An MRI of the cervical spine in September 2014 included findings of multilevel spondylosis with foraminal narrowing. The claimant was now interested in undergoing a cervical epidural injection which had previously been recommended in February 2015. 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, there are no decipherable physical examination findings of radiculopathy such as decreased strength, sensation, or reflex asymmetry. A series of injections in either the diagnostic or therapeutic phase is not recommended. The request was not medically necessary.