

Case Number:	CM15-0144075		
Date Assigned:	08/05/2015	Date of Injury:	12/10/2014
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 56 year old female with a December 10, 2014 date of injury. A progress note dated July 2, 2015 documents subjective complaints (pain in the cervical and bilateral upper trapezius area; pain varies in intensity from 4 out of 10 to 8 out of 10; startle response ever since the brain injury; some numbness into the lateral arms and pins and needles in the first through third digits of both hands; grip strength feels weak; some balance issues; pain across the low back, mainly on the right side in the buttock area, with some numbness into the buttock and proximal posterior thighs and some numbness in the feet), objective findings (decreased lumbar spine extension with pain; tenderness over the right gluteal bursa; Fabere test is positive bilaterally), and current diagnoses (lumbosacral strain with possible sacroiliac joint strain and right gluteal bursitis; lumbar spondylosis with potential facet pain; cervical spondylosis and stenosis). Treatments to date have included medications, lumbar spine x-rays (April 6, 2015; show grade I anterolisthesis at L4-5 with facet arthropathy in the lower lumbar levels), cervical spine x-rays (April 6, 2015; show multilevel degenerative disc disease), magnetic resonance imaging of the cervical spine (showed fairly advanced cervical spondylosis at C3-4, C4-5, C5-6, C6-7 resulting in multilevel moderate canal stenosis including C3-4, C4-5, C5-6, with lesser stenosis at C6-7), and physical therapy for the neck and lower back with short-term relief. The treating physician documented a plan of care that included an epidural injection at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection at C7-T1: 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 Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate full cervical range without tenderness and normal sensation throughout all upper extremity dermatomes, without any motor or radicular signs. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. It has been noted the patient is making overall improvement with physical therapy. Epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The Epidural injection at C7-T1 is not medically necessary and appropriate.