

Case Number:	CM15-0149163		
Date Assigned:	08/12/2015	Date of Injury:	11/05/2001
Decision Date:	09/15/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/31/2015

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, Hawaii
 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:

The injured worker is a 57-year-old female, who sustained an industrial injury on 11-5-01. She has reported initial complaints of a neck injury after a child at her school jumped on her back and struck her in the neck with an elbow. The diagnoses have included cervicgia, cervical degenerative disc disease (DDD), muscle spasm, myalgia and myositis and brachial neuritis or radiculitis. Treatment to date has included medications, activity modifications, diagnostics, shoulder surgery, neck surgery, physical therapy, home exercise program (HEP), biofeedback, Transcutaneous electrical nerve stimulation (TENS), and epidural steroid injection (ESI). Currently, as per the physician progress note dated 6-30-15, the injured worker complains of increased neck pain that radiates to the bilateral upper extremities and is asking for a cervical epidural injection. The physical exam reveals cervical tenderness is noted, Spurling's maneuver causes pain in the muscles of the neck and radiates to the upper extremity, and there is tenderness to palpation of the bilateral upper traps with tight spasms noted and tenderness to palpation in the bilateral pectoralis muscle. The current medications included Norco, Fentanyl patch, Voltaren, Flexeril, Xarelto and Vitamin D. There is no previous diagnostic reports noted and there is no previous therapy sessions noted. The physician requested treatment included cervical epidural steroid injection C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C7-T1: Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck with radiation to the bilateral upper extremities. The current request is for cervical epidural steroid injection C7-T1. The treating physician report dated 7/28/15 (6B) states, "(The patient) reports her pain is in along the neck with radiation into the left arm on this visit." A report dated 6/30/15 (18B) states, "She has been complaining of increased neck pain and radiating pain into the upper extremities and is asking for a cervical epidural." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided do not show that the patient has received a previous ESI at the C7-T1 level. There was no evidence of x-ray, MRI, or electrodiagnostic findings in the documents provided for review. In this case, while the patient presents with increasing neck pain that radiates to the bilateral upper extremities, the diagnosis of cervical radiculopathy was not corroborated by imaging and/or electrodiagnostic testing. The current request does not satisfy the MTUS guidelines as outlined on page 46. The current request is not medically necessary.