

Case Number:	CM15-0160687		
Date Assigned:	08/27/2015	Date of Injury:	12/03/2012
Decision Date:	09/30/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/18/2015

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, 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 39 year old female, who sustained an industrial injury on December 3, 2012. Treatment to date has included physical therapy, diagnostic imaging, cervical epidural steroid injection, and NSAIDS. Currently, the injured worker reports improvement following a cervical epidural steroid injection. She reports that she is more functional and physically active. The injured worker has improved range of motion following the cervical epidural steroid injection and an increased ability to continue activities of daily living without needing to rest. She reports that she has daily headaches and stiffness of her neck. Her headaches are coming from the backside of her head and radiating over the top of her head. She has numbness of the bilateral upper extremities and into the fourth and fifth fingers of the left hand. On physical examination the injured worker has full cervical range of motion with tenderness to palpation over the mid and distal most aspects of the cervical paravertebral region. She has tenderness to palpation of the posterior cervical elements, the left medial scapular border and the left levator. The diagnoses associated with the request include cervical disc degeneration, cervicgia, cervical radiculopathy, and cervical facet arthropathy. The treatment plan includes repeat cervical epidural steroid injection, topical anti-inflammatory medications, and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CESI Interlaminar C7-T1 with contrast to C6: 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 ESI Page(s): 46-47.

Decision rationale: Regarding repeat epidural injections, guidelines state that repeat blocks should be based on "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks," with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is indication that previous epidural injections performed on 6/29/2015, but there is no documentation of functional improvement and reduction in medication use for at least six weeks. In the absence of such documentation, the currently requested repeat epidural steroid injection is not medically necessary.