MAXIMUS Federal Services

Case Number:	CM15-0168556		
Date Assigned:	09/09/2015	Date of Injury:	09/24/2011
Decision Date:	10/08/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/27/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

This injured worker is a 54 year old female who reported an industrial injury on 9-24-2011. Her diagnoses, and or impression, were noted to include: brachial neuritis or radiculitis - improving. No current imaging studies were noted. Her treatments were noted to include: diagnostic studies; fluoroscopically guided cervical epidural steroid injection with local anesthesia; medication management; and modified work duties. The progress notes of 7-10-2015 noted a follow-up evaluation of pain following her 6-8-2015 cervical epidural steroid injection, for which she reported: a 50-60% decrease in pain; functional improvement; 80% improvement in her right arm; continued pain in her left arm; that she was not dropping things from either arm; and that she was not using Soma at night. Objective findings were noted to include: no acute distress; obesity; mild, left cervical-6 paresthesia; the review of radiology results showing cervical protrusions not pressing on the spinal cord; and that she had significant improvement in her pain, but had some residual pain. The physician's requests for treatments were noted to include repeating the cervical epidural injection for further analgesia and functional improvement. The Utilization Review of 8-14-2015 non-certified the request for fluoroscopically guided, left cervical epidural steroid injection, with local anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided left cervical epidural steroid injection with local anesthesia at C5-C7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection (performed on June 8, 2015). There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there is no imaging studies that corroborate the findings of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Fluoroscopically guided left cervical epidural steroid injection with local anesthesia at C5-C7 is not medically necessary.