

Case Number:	CM15-0181244		
Date Assigned:	09/22/2015	Date of Injury:	12/01/2011
Decision Date:	10/29/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/15/2015

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: Preventive Medicine, Occupational 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:

The injured worker (IW) is a 40 year old female who sustained an industrial injury on 12-01-2011. Medical records indicate the worker had spinal fusion with instrumentation at C4-5 in August 2013. She complains of chronic neck pain. Her diagnoses include Cervicalgia. Medications include Norco and Flexeril. In the provider notes of 08-18-2015 the injured worker complains of neck pain that is constant rated at a 5-7 on a scale of 0-10 that is aggravated by any movement and motion and relieved with lying in bed and taking pain medication. On exam, her gait is normal, and her heel and toe ambulation is well done. Cervical range of motion is limited in all planes. There is pain with movement and tenderness in the trapezius and rhomboids. There is facet tenderness. Sensation is normal on the upper and lower extremities bilaterally. Reflexes and strength are normal in the upper and lower extremities bilaterally. The treatment plan includes medications refills and a set of cervical epidural steroids with a Ct of the neck if not on file. A request for authorization was submitted for Right C4-C5, C5-C6 TFESI (CPT [REDACTED]), and Right C4-C5, C5-C6 TFESI (CPT [REDACTED]). A utilization review decision 09-08-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-C5, C5-C6 TFESI (CPT [REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS Guidelines have very specific standards to justify the use of spinal epidural injections. These standards include an active well defined radiculopathy that corresponds with diagnostic results (MRI or electrodiagnostics). These standards have not been met. No active dermatomal radiculopathy is documented to be present corresponding to diagnostic results. The request for Right C4-C5, C5-C6 TFESI (CPT [REDACTED] - Initial level) is not supported by Guidelines and is not medically necessary.

Right C4-C5, C5-C6 TFESI (CPT [REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS Guidelines have very specific standards to justify the use of spinal epidural injections. These standards include an active well defined radiculopathy that corresponds with diagnostic results (MRI or electrodiagnostics). These standards have not been met. No active dermatomal radiculopathy is documented to be present corresponding to diagnostic results. The request for Right C4-C5, C5-C6 TFESI (CPT [REDACTED] - additional level) is not supported by Guidelines and is not medically necessary.