MAXIMUS Federal Services

Case Number:	CM15-0186765		
Date Assigned:	09/28/2015	Date of Injury:	05/26/2013
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/22/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 30 year old female, who sustained an industrial injury on May 26, 2013. The injured worker was diagnosed as having cervicalgia, cervical spine sprain and strain, and cervical myelopathy. Treatment and diagnostic studies to date has included chiropractic therapy, medication regimen, physical therapy, acupuncture, and magnetic resonance imaging of the cervical spine. In a progress note dated August 19, 2015 the treating chiropractor reports complaints of intermittent, sharp pain to the upper back and neck that radiates to the bilateral arms, but the treating chiropractor did not indicate the injured worker's numeric pain level as noted on visual analog scale. Examination performed by pain management physician on August 04, 2015 was revealing for paraspinal muscles tenderness, but the physician did not indicate the injured worker's numeric pain level as rated on a visual analog scale. The Panel Qualified Medical Evaluation report from July 08, 2015 noted prior physical therapy of an unknown quantity that the physician noted "helped a little bit", along with acupuncture of an unknown quantity that the physician noted " it did help her symptoms at the time". The medical records provided a magnetic resonance imaging report of the cervical spine performed on March 24, 2015 that was revealing for cervical four to five, cervical five to six, and cervical six to seven disc bulges with indentations on the subarachnoid space and "mild" spinal stenosis at each level, and narrowing of the spina foramina. On August 19, 2015 the treating physician requested a cervical spine epidural steroid injection at cervical six to seven per pain management physician's recommendations, but the treating pain management physician did not indicate the specific reason for the requested treatment. On September 01, 2015 the Utilization Review determined

the request for unknown cervical spine epidural injections of cervical six to seven to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown cervical spine epidural injections of C6-C7: 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: Unknown cervical spine epidural injections of C6-C7 is not medically necessary per the MTUS Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not reveal evidence of objective radiculopathy on imaging or Electrodiagnostic testing or clear physical exam findings of radiculopathy in the proposed area for injection. Additionally, the request does not specify a laterality. Therefore the request for epidural steroid injection is not medically necessary.