

Case Number:	CM15-0187357		
Date Assigned:	09/29/2015	Date of Injury:	05/26/2012
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on May 26, 2012, incurring upper, mid and lower back injuries. She was diagnosed with lumbar, thoracic and cervical spine neuritis, lumbar sprain, thoracic sprain, cervical spinal stenosis, and cervical lordosis. Treatment included physical therapy, pain medications, neuropathic medications, proton pump inhibitor, acupuncture, and activity restrictions. Currently, the injured worker complained of persistent neck pain, lower back pain, right lower extremity pain and right shoulder pain. She had aching, sharp, shooting and burning pain radiating to the right leg and right shoulder blade. The pain was aggravated by any activity or movement, prolonged sitting, standing and walking. The injured worker complained of right sided pain and weakness of the right upper extremity and right lower extremity. She rated her pain 7 out of 10 on a pain scale from 1 to 10. She noted limited range of motion of the cervical spine and lumbar spine. The treatment plan that was requested for authorization on September 23, 2015, included cervical epidural steroid injection. On September 15, 2015 a request for a cervical epidural steroid injection was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection, right sided C4, C5 and C6, as outpatient: 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: According to the guidelines, the claimant should have radiological and physical findings consistent with radiculopathy to provide an ESI. In this case, the cervical MRI does not indicate spinal cord impingement or encroachment. In addition, the ACOEM guidelines recommend against ESI due to lack of long-term benefit. As a result, the request for ESI is not medically necessary.