

Case Number:	CM15-0188324		
Date Assigned:	09/30/2015	Date of Injury:	03/01/2010
Decision Date:	11/09/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/24/2015

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: Massachusetts

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 58 year old female, who sustained an industrial injury on 3-01-2010. The injured worker was being treated for cervical and lumbar radicular syndrome, cervical and lumbar discogenic disease, lumbar post-laminectomy syndrome, facet syndrome, and myofascial pain syndrome. Treatment to date has included diagnostics, lumbar epidural steroid injection, and medications. Currently (8-13-2015), the injured worker complains of pain in her neck, low back, and bilateral legs. She described her neck pain as bilateral, with radiation to the shoulders and left arm. Her pain was "moderate to severe" and associated with paresthesias of the left arm and hand, with weakness of the left arm. She reported that pain interfered significantly with sleep and activities of daily living. She was documented as "disabled". Current medications noted "no known medications". Exam of the neck noted "pain dermatomal distribution is unclear", limited active range of motion in all planes, tenderness over the bilateral paracervical and bilateral trapezius area, muscle strength 5 of 5, and sensation intact. She was prescribed Percocet for pain. Magnetic resonance imaging of the cervical spine (11-04-2014) noted at C5-C6, broad based posterior annular bulge, approximately 2.7mm central and lateral disc protrusion including posterior osteophytes causing effacement of the ventral subarachnoid space. This in addition to uncoverterbral and facet joint hypertrophic changes causes mild bilateral neural foraminal narrowing. The treatment plan included bilateral C5-C6 transforaminal epidural steroid injection, non-certified by Utilization Review on 8-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C6 transforaminal epidural steroid injection: 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: The claimant sustained a work injury in March 2010 and is being treated for neck, low back, and bilateral leg pain after falling. When seen, she was having neck pain radiating to the left shoulder and arm with left arm paresthesias and weakness. Physical examination findings included a body mass index of 31.5. There was decreased cervical spine range of motion with cervical and bilateral trapezius muscle spasms. There was a normal neurological examination of the upper extremities. Bilateral cervical transforaminal epidural steroid injections were requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. There are no right sided radicular pain complaints and a bilateral injection procedure is being requested. The requested epidural steroid injection is not considered medically necessary.