

Case Number:	CM15-0188505		
Date Assigned:	09/30/2015	Date of Injury:	08/27/2012
Decision Date:	11/09/2015	UR Denial Date:	09/24/2015
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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 37 year old female, who sustained an industrial injury on 08-27-2012. The injured worker is currently able to return to modified work. Medical records indicated that the injured worker is undergoing treatment for lumbar radiculopathy to right lower extremity and cervical radiculopathy to right upper extremity. Treatment and diagnostics to date has included physical therapy, chiropractic treatment, steroid injections to her neck, shoulder, and back (which was noted to be only effective for hours per 03-19-2015 note), and medications. Current medications include Norco and Flexeril. After review of progress notes dated 07-23-2015 and 09-02-2015, the injured worker reported cervical spine pain rated 6 out of 10 and lumbar spine pain rated 5 out of 10 and uses Norco with "some pain relief." The treating physician noted that cervical spine MRI showed 2mm disc bulging at C6-C7 and lumbar spine MRI showed 3mm disc bulging at L4-L5 and 2mm with facet arthropathy, which dissolved in bilateral foraminal narrowing. Objective findings included tenderness to palpation in lumbar and cervical spine at midline and paraspinal area with decreased sensation to light touch in right upper extremity and right lower extremity. The request for authorization dated 09-14-2015 requested cervical epidural steroid injection at C7-T1 level. The Utilization Review with a decision date of 09-24-2015 non-certified the request for cervical epidural steroid injection at C7-T1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C7-T1 level quantity: 1: 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 CA MTUS cited recommends epidural steroid injections (ESIs) as an option for the treatment of radicular pain, and in general, no more than two total injections. The injured worker must have radiculopathy documented by exam, corroborated by imaging and/or electrodiagnostic studies, and be unresponsive to conservative management. No more than two nerve root levels should be injected with a transforaminal block or one interlaminar level injection per session. In the case of this injured worker, the physical exam from 09-02-2015 demonstrates decreased light touch and pinprick in right upper extremity, but otherwise sensation, reflexes, and strength were normal. In addition, an MRI report describes a 2mm disc bulging at C6-7, but it does not result in canal stenosis, neural foraminal compromise or mass effect upon the cord. Most importantly, the treating provider has noted that the injured worker has had some pain relief with conservative therapies. At this time, the request does not meet guideline criteria at this time; therefore, the request for cervical epidural steroid injection at C7-T1 level quantity: 1 is not medically necessary and appropriate.