MAXIMUS Federal Services

Case Number:	CM15-0191552		
Date Assigned:	10/05/2015	Date of Injury:	11/14/2008
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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 52 year old female who sustained an industrial injury 11-14-08. A review of the medical records reveals the injured worker is undergoing treatment for cervical discopathy and radiculopathy. Medical records (08-04-15) reveal the injured worker complains of pain in the neck, radiating to the bilateral shoulder, rated as 8/10 without mention of medications. The physical exam (08-04-15) reveals tenderness to palpation with spasm noted over the cervical paravertebral musculature, scalene muscles, and sternocleidomastoid muscle, with decreased cervical spine range of motion also noted. Sensation is decreased in the right C5 dermatome as to pain, temperature, light touch, vibration, and 2-point discrimination. Prior treatment includes medications, home exercises, and bracing. The original utilization review (08-31-15) non-certified the request for 2 right C4-5 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-5 Transforaminal epidural steroid injection times 2: Overturned

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, epidural injections are indicated for those with radiculopathy on exam and imaging. In this case, the claimant had both. In addition, the claimant had persistent pain despite using medication acupuncture and IF treatment. The request for C4-C5 ESI is medically necessary.