

Case Number:	CM15-0191608		
Date Assigned:	10/05/2015	Date of Injury:	09/01/1999
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
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 53 year old female who sustained an industrial injury on 09-01-1999. Treatment to date has included cervical epidural injections, lumbar epidural injections and medications. According to a progress report dated 05-21-2015, the injured worker was 6 weeks status post cervical epidural injection for treatment of cervicalgia and right cervical radiculitis. She did have "improvement but not complete resolution of pain in the neck and down the right arm". Her most significant problem was recurrence of lower back pain along with right lower extremity pain that radiated into the right heel. A lumbar epidural injection was recommended. According to a progress report dated 06-18-2015, the injured worker was status post lumbar epidural injection along with a right L4 nerve root injection with greater than 50 percent symptom relief. She was currently having a return of pain in the cervical region along with radiating pain down the right arm radiating into the hand and fingers. Although the previous report dated 05-21-2015 indicates that the injured worker was 6 weeks status post cervical epidural injection, the provider notes in this report (06-18-2015) that the most recent epidural injection was 15 months ago. Recommendations included a repeat cervical epidural injection. According to a progress report dated 09-01-2015, the injured worker was having worsening of neck pain and right upper extremity radiating pain along with numbness and weakness. She had developed numbness in her second, third and fourth fingers of the right hand as well continued weakness. She had multiple level disc protrusions and foraminal stenosis on cervical MRI scan. She had not been getting her pain medication as prescribed due to denial by the insurance

company. The provider noted that a cervical epidural injection was requested over two months ago but was denied. The provider noted that the injured worker received a cervical epidural injection five months ago which was "very helpful, providing much greater than reduction of pain for over two months". Physical examination demonstrated a sensory deficit of the right C6 and C7 distribution. Motor examination revealed weakness of right wrist dorsiflexion and finger opposition in the right hand as compared to the left. Assessment included multiple level cervical disc protrusion with foraminal stenosis and cervicgia with right cervical radiculopathy worsening. The treatment plan included cervical epidural injection under fluoroscopic guidance. An authorization request dated 09-03-2015 was submitted for review. The requested services included a follow up and cervical epidural C7-T1 with catheter. On 09- 09-2015, Utilization Review non-certified the request for cervical epidural C7-T1 with catheter and authorized the request for a follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural C7-T1 with catheter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Surgical Considerations, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the ACOEM guidelines, ESIs are not recommended due to their short -term benefit. In this case, the claimant had an ESI 6 weeks prior without substantial and sustained benefit. In addition, there is no nerve impingement noted on prior MRI for C7-T1. The request for an additional ESI of C7-T1 is not medically necessary.