

Case Number:	CM15-0191639		
Date Assigned:	10/05/2015	Date of Injury:	07/27/2012
Decision Date:	11/12/2015	UR Denial Date:	09/25/2015
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 54 year old, female who sustained a work related injury on 7-27-12. A review of the medical records shows she is being treated for neck pain. Treatments have included acupuncture, chiropractic therapy, physical (unknown number of sessions for each), facet joint injection, heat-ice therapy and trigger point injections. Current medications include Naproxen, Soma, Omeprazole, Hydrocodone-Acetaminophen, Ambien and Diazepam. In the Comprehensive Pain Management Consultation, the injured worker reports neck pain with radiation to posterior neck area. She describes the pain as constant, aching, dull, sharp and throbbing. She states pain is aggravated by bending, driving, overhead activities, standing, or walking. Pain is alleviated with medications, heat and massage. She reports her daily activities are limited at "80%". Objective findings dated 9-17-15, she has tenderness to palpation over the left suboccipital region, right upper cervical facets, right mid cervical facets and has right trapezius spasms. She has decreased range of motion in cervical spine. No sensory deficits noted. The provider notes that "MRI and EMG consistent with C4 radiculopathy." She is not working. The treatment plan includes a request for a cervical spine epidural steroid injection. The Request for Authorization dated 9-17-15 has request for a cervical epidural steroid injection via catheter at right C4-C5. In the Utilization Review dated 9-25-15, the requested treatment of an epidural steroid injection via catheter at right C4-C5 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI Via Catheter at Right C4-5 As An Outpatient: Upheld

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

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

Decision rationale: According to the guidelines, ESI are indicated for those with radiculopathy on exam and diagnostics. In this case, the claimant's exam did not indicate radiculopathy or any neurological abnormalities. In addition, the results of the imaging and EMG were not provided. The ACOEM guidelines also do not recommend ESIs due to their short-term benefit. As a result, the request for an ESI is not medically necessary.