

Case Number:	CM15-0193308		
Date Assigned:	10/07/2015	Date of Injury:	03/07/2013
Decision Date:	11/13/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/01/2015

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 58 year old female, who sustained an industrial injury on March 7, 2013. She reported injury to her neck, back and right thigh. The injured worker was diagnosed as fall, possible syncope and neck injury. Treatment to date has included diagnostic studies, neck brace, physical therapy without benefit, aquatic therapy without benefit, transcutaneous electrical nerve stimulation unit with temporary relief, acupuncture, epidural steroid injections, medial branch blocks and medication. Epidural steroid injections were noted to provide "short-term" relief and then her pain was noted to return to her previous level. On July 20, 2015, the injured worker complained of continued discomfort in her neck that has remained unchanged. She had difficulty turning or gazing upwards or downwards due to stiffness in her neck. She noted that her neck discomfort radiated throughout her right upper extremity with numbness and tingling. She experiences headaches when her neck pain increases. Physical examination of the cervical spine revealed discomfort with deep palpation about the paraspinous region bilaterally without spasm. Guarding was noted through the range of motion testing. On the day of exam, she was currently awaiting a lumbar rhizotomy and continues to be off work. On September 22, 2015, utilization review denied a request for first right C5-C6, C6-C7 transfacet epidural steroid injections times two.

IMR ISSUES, DECISIONS AND RATIONALES

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

First right C5-C6, C6-C7 transfacet epidural steroid injections x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

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

Decision rationale: According to the guidelines ESIs are recommended in those who have both radiological or diagnostic and physical findings of radiculopathy. The claimant's prior MRI indicated disc bulging and degenerative changes in C5-T1 but no mention of cord impingement. Although there were some radicular symptoms in the right arm, prior ESIs offered short term benefit. The ACOEM guidelines do not recommend ESIs due to their short-term benefit. The request for a cervical ESI is not medically necessary.