

Case Number:	CM15-0193742		
Date Assigned:	10/07/2015	Date of Injury:	05/06/2013
Decision Date:	11/20/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/02/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 56-year-old female who sustained an industrial injury on 5-6-2013. Diagnoses have included cervical radiculopathy, cervical pain, and shoulder pain. Diagnostic tests include electromyography-nerve conduction study on 2-4-2014 right C5 radiculopathy with mild evidence of denervation and mild right median sensory neuropathy; and, MRI of the cervical spine 5-15-2013 showing C4-5 large broad-based protrusion, C5-6 minimal disc osteophyte and mild central spinal stenosis, with the rest being "normal." Documented treatment includes a previous cervical epidural injection 8-26-2014 and it is stated that "previous epidurals were helpful to reduce pain"; physical therapy; and, medication including Ibuprofen, Ultram, Neurontin. On 9-16-2015 the injured worker continues to present with neck and right shoulder pain rated as 6 out of 10 without medication. She states her sleep quality is fair and she has experienced a decrease in activity level. The objective examination shows restricted range of motion, muscle spasm and tenderness on the right paravertebral muscles, with Spurling's maneuver causing pain in the muscles of the neck "but no radicular symptoms." The treating physician's plan of care includes cervical epidural injections C7-T1, but this was denied on 9-30-2015. Current work status has been modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection C7-T1, quantity: 1: 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 Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Regarding the request for Cervical epidural injection C7-T1, quantity: 1, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there is no documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement following previous epidural injections. In the absence of such documentation, the currently requested Cervical epidural injection C7-T1, quantity: 1 is not medically necessary.