

Case Number:	CM15-0193842		
Date Assigned:	10/07/2015	Date of Injury:	09/20/2013
Decision Date:	11/16/2015	UR Denial Date:	09/28/2015
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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41-year-old female with a date of industrial injury 9-20-2013. The medical records indicated the injured worker (IW) was treated for cervical spondylosis without myelopathy; lumbosacral spondylosis without myelopathy; cervicgia; and lumbago. In the progress notes (9-18-15), the IW reported severe cervical and lumbar pain. No objective findings or medications were documented on that date. The 8-14-15 progress notes stated the IW had complaints of neck pain and shoulder pain "radiating up and down the neck and spine as well as L5-S1 spondylosis, severe". Again, no objective findings or medications were documented on that date. The 6-5-15 progress notes indicated the IW's pain was in the neck and low back, rated 8 out of 10. Medications included Lidocaine patch, Flexeril and Soma and an "anti-ulcer" medication. On examination (6-5-15 notes), she moved all extremities "anti-gravity in strength" and she was able to ambulate well. Treatments included epidural injections (levels injected and results not specified) and physical therapy. The IW was not working. A Request for Authorization was received for cervical epidural steroid injections (ESI) at C4-C5. The Utilization Review on 9-28-15 non-certified the request cervical epidural steroid injections (ESI) at C4-C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at C4-5: 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: According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In this case, the exam notes from 6/5/15 and 8/14/15 do not demonstrate a radiculopathy that is specific to a dermatome on physical exam. In addition, there is lack of evidence of failure of conservative care. Therefore, the determination is for non-certification, not medically necessary.