

Case Number:	CM15-0194766		
Date Assigned:	10/08/2015	Date of Injury:	05/05/2003
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/05/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 64 year old female, who sustained an industrial injury on 05-05-2003. The injured worker was diagnosed as having history of cervical spondylosis, and possible herniated nucleus pulposus versus spine stenosis and left upper extremity radiculopathy. On medical records dated 03-27-2015, the subjective complaints were noted as left upper extremity weakness and numbness, neck pain with left upper extremity radiating numbness, tingling and weakness into the forearm and hand. Objective findings were noted as left arm weakness, positive Spurling's maneuver on the left, and left upper extremity radicular symptoms. Sensory examination revealed left arm revealed diminished light to tough sensation at C6. Treatments to date included C3-C4 and C4-C5 bilateral intra-articular facet joint injections. The injured worker underwent an x-ray of cervical spine on 03-27-2015 revealed fusion, stable C5-C6 anterior osteophyte formation, C4 vertebral body and narrowing with loss of disc space height C6-C7. Current medications were not listed on 03-27-2015. The Utilization Review (UR) was dated 09-09-2015. A request for Translaminar Epidural Injection C6-C7 was submitted. The UR submitted for this medical review indicated that the request for Translaminar Epidural Injection C6-C7 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar Epidural Injection C6-C7: 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: Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that 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. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, without definitive evidence to support the procedure, and the inherent risk present due to myelomalacia at C5-6, the request for Translaminar Epidural Injection C6-C7 is not medically necessary at this time.