

Case Number:	CM15-0194881		
Date Assigned:	10/08/2015	Date of Injury:	02/12/2011
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old female who sustained an industrial injury on 2-12-2011. Diagnoses have included cervical and lumbar discogenic pain. There are no diagnostic tests provided in the medical records. Documented treatment includes medication. Other treatments are not discussed in the recent provided medical records. On 8-4-2015 the injured worker presented with constant moderate neck pain rated at 4 out of 10 and says it gets worse with lying down, often with numbness and tingling going down whichever arm on which she is lying. She also reported random headaches. On 9-29-2015 the physician noted that the injured worker had showed no improvement and was complaining of neck stiffness. Examination revealed reduced range of motion with the cervical spine and C-8 nerve root impingement signs. The treating physician's plan of care includes a request for authorization submitted 9-16-2015 for epidural steroid injections at C6-7, which was denied on 9-23-2015. The injured worker had been working with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection C6-7: 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: The claimant sustained a work injury in February 2011 when she tripped and fell landing on her right hip and elbow and twisting her right leg. She subsequently developed cervical and lumbar spine pain. When seen, she was having continued left upper extremity pain. There was decreased cervical spine range of motion. There were C7 nerve root impingement signs not further described. Cervical spine disc bulging and radiculopathy are referenced but no specific imaging or electrodiagnostic test results are referenced or were provided. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. There are no test results that would corroborate findings of left cervical radiculopathy. The requested epidural steroid injection is not medically necessary.