

Case Number:	CM15-0197866		
Date Assigned:	10/13/2015	Date of Injury:	07/06/2012
Decision Date:	11/20/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/08/2015

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:

This is a 48 year old female with a date of injury of July 6, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radicular pain, sleep disturbance, neuropathic pain, anxiety, and depression. Medical records dated July 21, 2015 indicate that the injured worker complained of cervical radicular pain rated at a level of 7 out of 10 with burning, numbness, and tingling into the bilateral arms right greater than left. Records also indicate that the injured worker had significant improvement with Lyrica and Amitriptyline. A progress note dated September 8, 2015 documented complaints of cervical radicular pain rated at a level of 6 out of 10 with burning, tingling, and numbness into the bilateral arms, and bilateral arm pain left worse than right. The physical exam dated July 21, 2015 reveals decreased triceps reflexes on the right, and antalgic gait, decreased range of motion of the cervical spine, decreased strength of the right upper extremity, and tenderness to palpation along the cervical spinous processes of C5 and C6 without radiation. The progress note dated September 8, 2015 documented a physical examination that showed no changes since the examination performed on July 21, 2015. Treatment has included functional capacity evaluation, medications (Lyrica and Amitriptyline since at least June of 2015; Diclofenac and Omeprazole since at least March of 2015; history of Cyclobenzaprine discontinued in July of 2015), and magnetic resonance imaging of the cervical spine (December 30, 2013) that showed a central focal disc protrusion at abuts the thecal sac at C3-4 and C5-6. The original utilization review (October 6, 2015) non-certified a request for cervical epidural steroid injection at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C7-T1: 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 guidelines, epidural injections are indicated for those who have signs of radiculopathy and confirmation with imaging. In this case, the claimant does not demonstrate radicular symptoms at C7-T1 and the imaging does not demonstrate neural encroachment at that level. The request for ESI of the cervical spine is not medically necessary.