

Case Number:	CM15-0197886		
Date Assigned:	10/13/2015	Date of Injury:	05/08/2007
Decision Date:	11/25/2015	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, Texas

Certification(s)/Specialty: Internal 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 60 year old female, who sustained an industrial injury on 5-8-07. Medical records indicate that the injured worker is undergoing treatment for a right partial-thickness rotator cuff tear, right forearm tendinitis, right wrist strain-synovitis, low back pain, right carpal tunnel syndrome, cervical radiculopathy, cervical arthrosis, cervical disc disease, cervical herniated nucleus pulposus, myelopathy, insomnia and major depression. The injured workers current work status was not identified. On (9-4-15) the injured worker complained of neck pain which radiated to the right upper extremity with associated numbness to the fingers. The injured worker also noted a popping sensation in the neck. The pain was worse with neck movement, activities and washing dishes. The pain is better with the use of a transcutaneous electrical nerve stimulation unit. Examination of the lumbar spine revealed tenderness to palpation and a decreased range of motion. Sensation was decreased in the right cervical five through cervical eight dermatomes. A Hoffman's sign was positive bilaterally. Treatment and evaluation to date has included medications, MRI of the cervical spine, MRI of the right shoulder, electrodiagnostic studies, physical therapy for the shoulder, psychotherapy, transcutaneous electrical nerve stimulation unit, and psychiatric assessments, right shoulder rotator cuff repair and right carpal tunnel release surgery. The MRI of the cervical spine (6-22-15) showed a 3 millimeter disc protrusion at cervical five-cervical six resulting in a mild spinal canal and mild bilateral neural foraminal stenosis. Current medications include Lexapro, Ativan, Temazepam, Motrin and Prilosec. Medications tried and failed include Advil, Tylenol and Aleve. The request for authorization dated 9-4-15 included a request for an interlaminar epidural steroid

injection targeting cervical five-cervical six times 1 for diagnostic and therapeutic purposes. The Utilization Review documentation dated 10-6-15 non-certified the request for an interlaminar epidural steroid injection targeting cervical five-cervical six times 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural steroid injection targeting C5-6, x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: According to the ODG, cervical epidural steroid injections (ESI) are not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. ESIs should not be recommended in the cervical region according to the FDA. In this case the procedure requested is for an ESI of the cervical spine to treat chronic radicular pain. The medical necessity for cervical ESI is not made due to potential adverse effect.