

Case Number:	CM15-0198209		
Date Assigned:	10/13/2015	Date of Injury:	11/12/2010
Decision Date:	11/20/2015	UR Denial Date:	09/23/2015
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: California

Certification(s)/Specialty: Emergency 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 53 year old female, who sustained an industrial injury on 11-12-10. The injured worker has complaints of neck and upper back pain. The diagnoses have included degeneration of cervical intervertebral disc and sprain of neck. There is significant tenderness in the cervical midline from C5 to C7 and over the bilateral trapezial muscles to palpation. Electromyography study on 8-31-15 revealed chronic right C7 radiculopathy and a left C5-C6 radiculopathy. Treatment to date has included Voltaren gel; injections; physical therapy and home exercise program. The documentation on 9-11-15 noted that the injured worker was to begin physical therapy sessions this day. The original utilization review (9-23-15) non-certified the request for epidural steroid injection at C5- C6 for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at C5- C6 for the cervical spine: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acute & Chronic, Epidural injections.

Decision rationale: The requested Epidural steroid injection at C5- C6 for the cervical spine , is not medically necessary. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. However, a recent ODG Guideline, Neck and Upper Back, Acute & Chronic, Epidural injections, notes that cervical epidural injections are no longer recommended due to the serious risks associated with this procedure and the lack of quality evidence of sustained benefit. The injured worker has neck and upper back pain. The diagnoses have included degeneration of cervical intervertebral disc and sprain of neck. There is significant tenderness in the cervical midline from C5 to C7 and over the bilateral trapezial muscles to palpation. Electromyography study on 8-31-15 revealed chronic right C7 radiculopathy and a left C5-C6 radiculopathy. The treating physician has not documented the medical necessity for this procedure as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Epidural steroid injection at C5- C6 for the cervical spine is not medically necessary.