

Case Number:	CM15-0198772		
Date Assigned:	10/14/2015	Date of Injury:	12/16/2010
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old female, who sustained an industrial injury on 12-16-2010. The injured worker is undergoing treatment for cervical radiculopathy, myofascial syndrome and fibromyalgia. Medical records dated 8-24-2015 indicate the injured worker complains of unchanged hand, elbow, shoulder, wrist, neck and back pain. She rates the pain between 1-8 out of 10. She reported on 12-8-2014 that epidural steroid injection improved her pain by 25%. Physical exam dated 8-24-2015 notes "she still has a markedly limited range of motion (ROM) of the cervical spine and shoulders." Treatment to date has included shoulder and cervical surgery, cervical epidural steroid injection (1-20-14, 9-18-14 and 11-25-14), Cogentin, Trileptal, Celebrex, Nucynta, Gabapentin and cyclobenzaprine. The original utilization review dated 9-15-2015 indicates the request for epidural steroid injection C7-T1 with catheter C5-C6 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroidal Injection C7-T1 with catheter C5-C6: 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: Epidural Steroidal Injection C7-T1 with catheter C5-C6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings of radiculopathy in the proposed area for epidural steroid injection. For this reason the request for epidural steroid injection is not medically necessary.