

Case Number:	CM15-0200721		
Date Assigned:	10/15/2015	Date of Injury:	11/27/2012
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 was a 41 year old male, who sustained an industrial injury, November 17, 2012. The injured worker was undergoing treatment for cervical spine sprain and or strain, cervical radiculopathy, cervical degenerative disc disease and multilevel disc herniation in cervical spine with stenosis. According to progress note of August 4, 2015, the injured worker's chief complaint was constant neck pain radiating to the upper extremities. The pain was rated at 5 out of 10, with numbness and tingling in the arms. The physical exam noted tenderness with palpation of the paraspinal musculatures. The Spurling's test was positive. The neurovascular exam was intact. The injured worker had had a cervical epidural steroid injection with 60% relief from symptoms for 2-3 months. The pain was decreased from 6 out of 10 to 3 out of 10 and the injured worker was able to sleep better. The injured worker previously received the following treatments Ambien, Norco, Tramadol, Lorazepam, compound topical creams and cervical epidural steroid injection. The RFA (request for authorization) dated September 4, 2015 the following treatments were requested a cervical epidural steroid injection at C7-T1. The UR (utilization review board) denied certification on September 14, 2015; for a 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 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 CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In this case the exam notes from 8/4/15 do not demonstrate a radiculopathy that is specific to a dermatome on physical exam. In addition there is lack of evidence of failure of conservative care. Therefore the determination is not medically necessary.