

Case Number:	CM15-0202297		
Date Assigned:	10/19/2015	Date of Injury:	01/22/2014
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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: Texas, 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 66 year old female patient who sustained an industrial injury on 1-22-2014. She sustained the injury due to hit by a chain linked gate. The diagnoses include cervical neural foraminal stenosis, cervical disc bulge, cervicgia, myofascial pain, cervical facet spondylosis and degenerative disc disease. According to the progress report dated 6-25-2015, she had complaints of neck pain. The physician noted that a left C6-7 interlaminar epidural steroid injection had been requested. The patient described pain in the left greater than right cervical region radiating to the left upper trapezius and periscapular region. She rated her pain 7 out of 10. She also complained of muscle spasms, occipital type headaches, and pain radiating into the left upper extremity. Per the doctor's note dated 8-11-2015, she had complaints of pain in her neck and upper back and intermittent pain radiating into her left upper extremity. The physical examination dated 8-11-2015 revealed tenderness to palpation of the cervical paraspinous muscles and over the left occipital region, tenderness over the bilateral upper trapezius and periscapular regions, decreased range of motion in all planes of the cervical spine. The medications list includes Norco, Amitriptyline, Lisinopril, Furosemide, Metaxalone, Glipizide, Ranitidine, Amlodipine, Atorvastatin, Butalbital-Acetaminophen, Tirosint and Lorazepam. She had a magnetic resonance imaging (MRI) of the cervical spine dated 2/26/2014 which showed disc bulges at multiple levels and stenosis at C6-7. Treatment has included medications, physical therapy and acupuncture. The original Utilization Review (UR) (10-6-2015) denied a request for left C6-7 interlaminar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C6-7 interlaminar epidural steroid injection: 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: Left C6-7 interlaminar epidural steroid injection: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, 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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program Per the cited guideline criteria for ESI are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Unequivocal evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. As stated above, ESI alone offers no significant long-term functional benefit. Details regarding failure of previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of Left C6-7 interlaminar epidural steroid injection is not fully established for this patient; therefore this request is not medically necessary.