

Case Number:	CM15-0205151		
Date Assigned:	10/22/2015	Date of Injury:	03/31/2014
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 31, 2014. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve a request for cervical epidural steroid injection. The claims administrator referenced a September 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 13, 2015, the applicant reported ongoing complaints of neck pain radiating to the right arm and right thumb. The attending provider acknowledged that electrodiagnostic testing of March 10, 2015 was negative for any cervical radiculopathy, while cervical MRI imaging of April 6, 2015 was notable for mild-to-moderate right-sided C6 foraminal stenosis, which the attending provider stated was the source of the applicant's ongoing right-sided radicular pain complaints. The attending provider stated that he was trying to avoid cervical spine surgery here by pursuing a cervical epidural steroid injection. The attending provider contended that the applicant had failed conservative therapy, including 8-12 sessions of physical therapy. There was no mention of the applicant having received prior cervical epidural injection. On August 27, 2015, the applicant reported ongoing complaints of neck pain radiating into the right arm. The attending provider suggested that the applicant had not received prior cervical epidural steroid injections. On September 9, 2015, it was acknowledged that the applicant was not, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

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

One translaminar epidural steroid injection at the C7-T1 level: Overturned

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: Yes, the proposed cervical epidural steroid injection was medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electro-diagnostically confirmed. Here, the attending provider reported on September 17, 2015 that the applicant did have some radiographic corroboration of radiculopathy. The attending provider stated that the applicant had mild-to-moderate right-sided cervical spinal stenosis at C6 which was reportedly the source of the applicant's cervical radicular pain complaints. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also supports up to 2 diagnostic blocks. Here, the request for cervical epidural steroid injection was framed as a first-time request for the same. This was seemingly indicated, given the failure of multiple other conservative treatments including time, medications, physical therapy, extensive periods of time off of work, etc. Therefore, the request was medically necessary.