MAXIMUS Federal Services

Case Number:	CM15-0208628		
Date Assigned:	10/27/2015	Date of Injury:	11/29/2001
Decision Date:	12/08/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/22/2015

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: Arizona, 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:

The injured worker is a 53 year old female, who sustained an industrial injury on November 29, 2001, incurring upper back and neck injuries. She was diagnosed with cervical facet arthropathy with degeneration and foraminal stenosis. Treatments included cervical epidural injections giving some relief of pain to the injured worker. Currently, the injured worker complained of persistent neck pain radiating down the arms with numbness, worse on the right than the left. The pain was exacerbated by using a computer keyboard and mouse. She rated her pain 7 to 9 out of 10 on a pain scale from 0 to 10. She was diagnosed with cervical spondylosis and stenosis with neck and upper extremity radiating. The treatment plan that was requested for authorization included a right cervical epidural injection. On October 21, 2015, a request for a right cervical epidural injection was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C6 Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS guidelines, ESI is indicated for those with radiculopathy on exam and imaging/diagnostics who have failed conservative treatment. In this case, the claimant has abnormal findings which explain the radiculopathu on exam and MRI. However, the ACEOM guidelines do not recommend ESI due to their short-term benefit. In addition, there is not mention of failure of other modalities (oral medications). Prior ESI provided transient relief and was not quantified. The request for an ESI is not medically necessary.