

Case Number:	CM15-0208683		
Date Assigned:	10/27/2015	Date of Injury:	09/12/2014
Decision Date:	12/08/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/23/2015

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 46 year old female, who sustained an industrial-work injury on 9-12-14. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain, stiff neck, cervical herniation and cervical radiculitis. Treatment to date has included pain medication Tramadol, Naproxen, Flexeril, chiropractic, transcutaneous electrical nerve stimulation (TENS) with no relief, physical therapy, and other modalities. The physician indicates that x-rays of the cervical spine show degenerative changes from C3-7 and anterior lipping and narrowing of the disc space. The cervical Magnetic Resonance Imaging (MRI) dated 12-23-14 reveals endplate osteophytes and disc protrusion. There was a right and left paracentral disc herniation. EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 4-20-15 of the bilateral upper extremities reveals bilateral C6 radiculitis. Medical records dated 9-3-15 indicate that the injured worker complains of neck pain with burning discomfort in the right arm that shoots into the shoulder. There is also complaints of numbness both hands and cervical paravertebral discomfort that occasionally shoots up the base of the skull. There are frequent headaches that last for hours and questionable loss of balance. Per the treating physician report dated 8-21-15 the work status was no driving, no overhead work and no repetitive use of the upper extremities. The physical exam reveals there is decreased cervical range of motion, Spurling test was equivocal on the right and negative on the left, there is decreased sensation of the right C5 dermatome and diffuse tenderness of the right rotator cuff and right cervical paravertebral region. The requested service included C6-7 Interlaminar epidural steroid injection under fluoroscopic guidance with moderate sedation services. The

original Utilization review dated 10-9-15 non-certified the request for C6-7 Interlaminar epidural steroid injection under fluoroscopic guidance with moderate sedation services.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 Interlaminar epidural steroid injection under fluoroscopic guidance with moderate sedation services: 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 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 guidelines, an ESI is appropriate for those who have failed conservative therapy and have persistent pain. The radicular symptoms should correlate with imaging or EMG/NCV. In this case, there is a correlation and the claimant does have persistent pain. The claimant has undergone H-wave and the use of pain medications. However, the ACOEM guidelines do not recommend ESIs due to their short-term benefit. In addition, there was no indication for using sedation in this case, as a result, the request for an ESI is not medically necessary.