

Case Number:	CM15-0209827		
Date Assigned:	10/28/2015	Date of Injury:	06/05/2009
Decision Date:	12/09/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/26/2015

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 47 year old female, who sustained an industrial injury on 6-05-2009. The injured worker was diagnosed as having cervical radiculitis. Treatment to date has included diagnostics, right shoulder surgery, cervical C6-7 epidural steroid injection on 6-30-2015 (pre-procedure pain rated 4 out of 10), and medications. On 10-09-2015, the injured worker complains of neck pain with radiation into the bilateral arms, rated 6 out of 10. She reported that after the injection on 6-30-2015, "he was almost pain free for 2 weeks then mild pain for the next two weeks". Physical exam of the cervical spine noted "normal" range of motion, no tenderness to palpation of the paraspinal musculature, and paraspinal muscle strength and tone "within normal limits". Sensory exam findings were not documented on 10-09-2015. The treatment plan included cervical epidural steroid injection C6-7. On 10-19-2015 Utilization Review non-certified a request for cervical epidural steroid injection at C6-7 fluoro needle x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural Steroid Injection at C6-7 fluoro needle x 1: 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 MTUS guidelines, ESIs are recommended for those with radiculopathy on exam and imaging. In this case, there were no clear findings on exam of radiculopathy. The ACOEM guidelines do not recommend ESI due to their short-term benefit. The claimant started having pain again within 1-2 weeks after the injection. As a result, the request for another ESI is not medically necessary.