

Case Number:	CM15-0020364		
Date Assigned:	02/09/2015	Date of Injury:	08/22/2011
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on 08/22/2011. She has reported falling down approximately eleven stairs while walking down a staircase. Diagnoses include anxiety disorder in conditions classified elsewhere, brachial neuritis or radiculitis not otherwise specific, cervical disc degeneration, depression with anxiety, and encounter for long term use of other medications. Treatment to date has included medication regimen, status post cervical fusion surgery, status post lumbar surgery, laboratory studies, acupuncture therapy, home exercise program, and use of a transcutaneous electrical nerve stimulation unit. Notes indicate that the patient had cervical epidural steroid injections in 2012 and 2013 as well as previous cervical surgery. Physical examination of the neck on January 15, 2015 shows restricted range of motion with muscle spasm and tenderness. A report dated December 16, 2014 identifies normal motor examination of the upper extremities, normal sensory examination of the upper extremities, and abnormal cervical range of motion. In a progress note dated 01/15/2015 the treating provider reports low back ache, right upper extremity pain, and right shoulder pain. The treating physician requested cervical epidural injection at cervical seven to thoracic one, but the documentation provided no specific reason for the requested treatment. On 01/20/2015 Utilization Review non-certified the requested treatment of cervical epidural injection at cervical seven to thoracic one, noting the California Medical Treatment Utilization Schedule, Chronic Pain Guidelines, page 46.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127 Epidural steroid in.

Decision rationale: Regarding the request for repeat cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy, no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy at the level requested, and no documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement following previous epidural injections. In the absence of such documentation, the currently requested repeat cervical epidural steroid injection is not medically necessary.