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| Case Number: | CM15-0022686 | | |
| Date Assigned: | 02/12/2015 | Date of Injury: | 05/09/2007 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 01/17/2015 |
| Priority: | Standard | Application Received: | 02/06/2015 |

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: 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 54-year-old female who reported an injury on 05/09/2007 due to an unspecified mechanism of injury. On 01/05/2015, she presented for a followup evaluation regarding her work related injury. She reported cervical radicular pain rated at a 7/10, as well as low back pain rated at a 9/10. Her medications included gabapentin 600 mg 1 tab by mouth 3 times a day, metformin, simvastatin, lisinopril, alprazolam, omeprazole, and tramadol 150 mg Extended Release daily. A physical examination showed sensation was decreased in the left lateral and medial calf when compared to the right and decreased to pinprick in the upper right extremity as compared to the left. Her gait was noted to be antalgic and range of motion of the cervical spine was limited secondary to pain. Manual muscle testing showed 4/5 in the biceps, triceps, hip flexion, knee extension, and knee flexion on the left. There was tenderness to palpation along the spinous process at the C5, C6, and C7 with radiation down the right arm. An MRI of the cervical spine dated 02/18/2015 showed right facet arthrosis noted at the C7-T1. The treatment plan was for a C7-T1 interlaminar cervical epidural injection. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 intralaminar cervical epidural steroid injection: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that epidural steroid injections are only recommended for those who have radiculopathy on physical examination that is corroborated with imaging studies and/or electrodiagnostic testing. It should also only be performed after the failure of recommended conservative care and only under fluoroscopic guidance. The documentation provided does not show that the injured worker has evidence of radiculopathy on the provided MRI at the C7-T1 level to support the request. Also, the documentation does not show that the injured worker has tried and failed all recommended forms of conservative therapy to support the request. Furthermore, it was not stated within the request that the injection would be performed using fluoroscopic guidance. Therefore, the request is not supported. As such, the request is not medically necessary.