

Case Number:	CM15-0023819		
Date Assigned:	02/13/2015	Date of Injury:	01/12/2012
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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:

This 42 year old female sustained an industrial injury on 1/12/12. She subsequently reports chronic back pain. Diagnoses include facet arthropathy, HNP of lumbar spine, cervical radiculopathy and lumbar radiculopathy. Treatment to date has included acupuncture, injections, physical therapy, chiropractic care and prescription medications. An MRI dated 4/16/13 revealed abnormalities of the thoracic and cervical spine. A Pain Management Consultation dated January 21, 2015 indicates that the patient has previously undergone numerous treatments for her pain and currently complains of neck pain with radiation of numbness and tingling to the upper extremities extending down to the fingertips. Physical examination revealed decreased cervical range of motion with decreased strength in the upper extremities including the deltoids, biceps, triceps, and wrist flexors. A review of an MRI of the cervical spine dated April 16, 2013 identifies degenerated disc disease with vocal protrusions/extrusions at C4-5, C5-6, and C6-7 with moderate canal stenosis without evidence of neuroforaminal narrowing at any level. An EMG dated March 6, 2013 is read as normal in the upper and lower extremities. Diagnoses include cervical radiculopathy, chronic pain syndrome, and lumbar radiculopathy. A cervical epidural steroid injection at C5-6 was reportedly authorized. A report dated December 4, 2014 states that the epidural injection was previously authorized but that the facility was not. On 1/23/15, Utilization Review non-certified a request for ILESI (Epidural steroid injection) at C5-6. The ILESI (Epidural steroid injection) at C5-6 denial was based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ILESI (Epidural steroid injection) at C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections 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.

Decision rationale: Regarding the request for 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. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy at a specific dermatomal/myotomal level and no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.