

Case Number:	CM15-0029917		
Date Assigned:	02/23/2015	Date of Injury:	04/19/2010
Decision Date:	04/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/17/2015

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

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 44 year old female with an industrial injury dated 04/19/2010. The mechanism of injury is not documented. She presents on 12/29/2014 with complaints of lower back pain radiating into both legs left worse than right. Other complaints were chronic neck pain described as constant, sharp and stabbing. She also admits to nausea and headache. Physical exam revealed positive straight leg raising on the left. Lumbar area was tender to palpation with spasm. Cervical spine range of motion was decreased. There was tenderness to palpation in the trapezial area. Prior treatments include lumbar spine fusion, cervical spine fusion, lumbar steroid epidural, cervical steroid epidural, physical therapy and spinal cord stimulator. Diagnosis: Degeneration of cervical intervertebral disc, Cervical disc displacement, Cervical radiculitis, Post laminectomy syndrome of the cervical region, Post laminectomy syndrome of the lumbar region. On 01/26/2015 the request for cervical 5-cervical 6 epidural injection inclusive of epidurography and monitored anesthesia care was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 cervical epidural injection inclusive of epidurography and monitored anesthesia care: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with presents with chronic neck pain that radiates into the upper extremities with numbness and tingling. The MTUS Guidelines has the following regarding epidural steroid injection under the chronic pain section pages 46 and 47, "Recommended as an option for treatment of radicular pain, to find this pain in the dermatomal distribution or corroborated findings of radiating symptoms." MRI of the cervical spine from 11/16/13 revealed at the "C5-C6 level anterior cervical fusion with interbody screws, metallic fixation plate and fusion graft. No central or foraminal stenosis present." In this case, the patient does present with upper extremity radicular symptoms, but the MRI from 2013 revealed stenosis or significant herniation that could substantiate the patient's complaints. MTUS further states that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The requested CESI is not medically necessary.