

Case Number:	CM15-0210384		
Date Assigned:	10/29/2015	Date of Injury:	03/19/2003
Decision Date:	12/10/2015	UR Denial Date:	10/05/2015
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: California
 Certification(s)/Specialty: Emergency Medicine

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 61 year old female, who sustained an industrial-work injury on 3-19-03. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, lumbar radiculopathy, narcotic dependency, cervical radiculitis, depression and anxiety. Medical records dated (3-6-15 to 9-4-15) indicate that the injured worker has been weaning off of Morphine and has stopped approximately 3 weeks ago. She is having moderate withdrawal symptoms and has not been authorized for Norco and Voltaren to aid in weaning. The injured worker has crying episodes. The injured worker lives with husband and sons who provide care with her activities of daily living (ADL). She has reduced her Morphine from 9-10 pills per day to taking 5 per day. She was able to decrease to Morphine 2-3 per day when taking Norco 3 per day. The work status is not noted. The physical exam dated (3-6-15 to 9-4-15) the physician indicates that the cervical spine Magnetic Resonance Imaging (MRI) reveals C3-4 disc abuts spinal cord C4-5, (3 millimeters). The range of motion is decreased. There are no other significant findings related to the cervical spine. Treatment to date has included pain medication Morphine, Norco, Tizanidine, Voltaren, diagnostics, psyche care, acupuncture that was beneficial, and other modalities. There was no documentation of previous cervical epidural steroid injection (ESI). The requested service included Cervical C3-5 epidural steroid injection x1. The original Utilization review dated 10-5-15 non-certified the request for Cervical C3-5 epidural steroid injection x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical C3-5 epidural steroid injection x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The requested Cervical C3-5 epidural steroid injection x1 is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are: "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has chronic neck pain. The treating physician has documented that the cervical spine Magnetic Resonance Imaging (MRI) reveals C3-4 disc abuts spinal cord C4-5, (3 millimeters). The range of motion is decreased. There are no other significant findings related to the cervical spine. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Cervical C3-5 epidural steroid injection x1 is not medically necessary.