

Case Number:	CM15-0211349		
Date Assigned:	10/30/2015	Date of Injury:	06/05/2014
Decision Date:	12/11/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/27/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 33 year old female, who sustained an industrial injury on June 5, 2014. She reported a trip and fall on her left side. The injured worker was currently diagnosed as having cervical intervertebral disc disorder with radiculopathy, lumbar lumbosacral intervertebral disc disorder with radiculopathy, left sciatica-piriformis muscle spasms, thoracic strain and left shoulder strain. Treatment to date has included physical therapy, acupuncture, diagnostic studies, shoulder injections and medication. On August 12, 2014, a cervical MRI showed mild straightening of lordosis, C4-5 bulge, mild right foraminal stenosis, effacement of thecal sac, C5-6 bulge, mild foraminal stenosis and C6-7 bulge, mild foraminal stenosis. On September 17, 2015, the injured worker complained of neck pain with left shoulder and left arm radiation associated with numbness and tingling. Physical examination of the back included positive tenderness to palpation of the left piriformis muscle and thoracolumbar spine. Pain was noted to be worsened with extension, flexion, rotation and lateral flexion. The treatment plan included cervical epidural steroid injection and a lumbar MRI without contrast. On September 24, 2015, utilization review denied a request for cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46 "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants)." These guidelines regarding epidural steroid injections continue to state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." CA MTUS, Neck and Back Complaints, Initial Care states that "cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise." Facet injections are not recommended per the Summary of Recommendations table. In this case the exam notes from 8/12/14 do not demonstrate a radiculopathy that is specific to a dermatome on physical exam. In addition, there is lack of evidence of failure of conservative care. And finally CA MTUS guidelines state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Therefore, the request is not medically necessary.