MAXIMUS Federal Services

Case Number:	CM15-0031187		
Date Assigned:	02/25/2015	Date of Injury:	09/29/2013
Decision Date:	04/09/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/19/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 50 year old, who sustained an industrial injury on September 29, 2013. She has reported neck pain with bilateral upper extremity and right lower extremity radiculitis. The diagnoses have included Acute/chronic/recurrent musculoligamentous strain/sprain of the cervicothoracic spine with left greater than right upper extremity radiculitis secondary to underlying DOD. Treatment to date has included radiographic imaging, diagnostic studies, multiple nerve root blocks and pain injections, conservative therapies, medications and work restrictions. Currently, the IW complains of neck pain with bilateral upper extremity and right lower extremity radiculitis. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and invasively without resolution of the pain. She received multiple nerve root blocks and cervical steroid injections. She reported little, temporary benefit. On May 20, 2014, evaluation revealed a stable neurological examination. The pain continued however she noted an improvement with restricted use of the upper extremities. Evaluation on October 27, 2014, revealed continued pain. Pain medications and muscle relaxers were renewed. An epidural steroid injection of the cervicothoracic spine was requested. On January 28, 2015, Utilization Review non-certified a request for an Epidural C7-T1, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 14, 2015, the injured worker submitted an application for IMR for review of requested Epidural C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 309.

Decision rationale: According to MTUS guidelines, 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. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. The patient file does not document that the patient is candidate for surgery. The patient does not have clinical evidence of radiculopathy. In addition, according to the medical records, the patient received multiple nerve root blocks and cervical steroid injections with only little temporary benefit. Therefore, the request for Epidural C7-T1 is not medically necessary.