

Case Number:	CM15-0034396		
Date Assigned:	03/02/2015	Date of Injury:	01/13/2006
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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 52-year-old female who sustained an industrial related injury on 1/13/06. The injured worker had complaints of neck pain that radiated down bilateral upper extremities and low back pain that radiated down the left lower extremity. Diagnoses included cervical radiculopathy, lumbar radiculopathy, right shoulder pain, fibromyalgia, osteoarthritis of the right hip, anxiety, depression, gastritis, medication related dyspepsia, chronic nausea and vomiting, NSAID intolerance, gastrointestinal bleeding, and right shoulder pain. Treatment included a bilateral L5-S1 transforaminal epidural steroid injection on 12/17/14 with 80% decrease in pain, trigger point injections, the use of a TENS unit. Medications included Celebrex. The treating physician requested authorization for a bilateral C4-5 cervical epidural under fluoroscopy. On 2/5/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there has not been a reduction in pain medication and the injured worker had complaints of worsening pain since the last epidural steroid injection on 12/17/14. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-5 Cervical Epidural under Fluoroscopy: Upheld

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

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

Decision rationale: This patient has a date of injury of 1/13/05 and presents neck pain that radiates down the bilateral upper extremities. Examination revealed tenderness, decreased range of motion, trigger points and decreased sensation in the C5 dermatome. The current request is for BILATERAL C4-5 CERVICAL EPIDURAL UNDER FLUOROSCOPY. 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." For repeat injections during therapeutic phase, "Continued objective documented pain and functional improvement includes at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." In this case, the patient presents with neck pain with radicular symptoms but there is no imaging provided of the cervical spine to corroborate the patient's radicular symptoms. MTUS further states that "there is insufficient evidence to make any recommendation for the use of epidural steroid injection to treat radicular cervical spine pain." The requested cervical epidural steroid injection IS NOT medically necessary.