

Case Number:	CM15-0035287		
Date Assigned:	03/03/2015	Date of Injury:	05/01/2010
Decision Date:	04/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/25/2015

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 female, who sustained an industrial injury on 05/10/2010. On provider visit, dated 01/14/2015 injured worker has reported right neck and right shoulder pain radiating to the right arm. The diagnoses have included cervical disc herniation, cervical post fusion, cervical radiculopathy and brachioplexopathy. Treatment to date has included medication and modified activities. On examination, he was noted to have a decreased range of motion of neck and focal tenderness with triggered twitch response to palpation of right brachial plexus both supra and infra clavicular to palpation reproduced pain that radiates to the right triceps area and elbow area. On 02/04/2015 Utilization Review non-certified cervical transforaminal epidural steroid injection at right C6-C7 with fluoroscopy and IV sedation. The CA MTUS Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical transforaminal epidural steroid injection at right C6-C7 with fluoroscopy and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, Neck and Upper Back Complaints, pages 174-175, and 181, Table 8-8, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 47.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electro-diagnostic testing, not clearly established here. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy collaborated with imaging. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged for this chronic injury. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in clinical findings or progression in functional status. The Cervical transforaminal epidural steroid injection at right C6-C7 with fluoroscopy and IV sedation is not medically necessary and appropriate.