

Case Number:	CM15-0044353		
Date Assigned:	03/16/2015	Date of Injury:	04/30/2013
Decision Date:	04/22/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 30, 2013. In a Utilization Review Report dated February 24, 2015, the claims administrator failed to approve multilevel cervical epidural steroid injections. A progress note of December 31, 2014 and January 30, 2015 were referenced in the determination. The claims administrator did also reference cervical MRI imaging of May 21, 2014 notable for moderate-to-severe left-sided neuroforaminal stenosis at C4-C5 and severe right-sided neuroforaminal stenosis at C5-C6 but nevertheless stated the attending provider's failure to conclusively establish the presence of a radicular process. The claims administrator did not, however, state whether the request was a first-time request for epidural steroid injection therapy or a renewal request. The applicant's attorney subsequently appealed. A February 5, 2015 physical therapy progress note was notable for comments that the applicant was off of work. On November 21, 2014, the applicant was placed off of work, on total temporary disability. Acupuncture had proven unsuccessful. The attending provider stated that epidural steroid injection therapy could be considered. It did not appear that the applicant received a previous epidural steroid injection. On October 14, 2014, the applicant underwent a left ankle arthroscopy procedure. The remainder of the file was surveyed. There was no evidence that the applicant had had previous cervical epidural steroid injection therapy. A medical-legal evaluation of July 22, 2014 noted that the applicant had had earlier electrodiagnostic testing of the upper extremities on May 13, 2014 which was suggestive of C5 radiculopathy. The medical-legal evaluator stated that the applicant could potentially be a candidate for either cervical epidural steroid injection therapy and/or cervical spine surgery in the future. On December 15, 2014, the applicant was described as having progressively

worsening complaints of neck and right arm pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical epidural steroid injection (ESI) at the C4-C5 and C5-C6: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical treatment utilization schedule (MTUS), web edition, page 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Yes, the proposed cervical epidural steroid injection was medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably which is radiographically and electrodiagnostically confirmed. Here, the applicant does seemingly have both electrodiagnostically and radiographically confirmed cervical radiculopathy. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does, moreover, support up to two diagnostic epidural steroid injections. Moving forward with a trial, first-time epidural steroid injection was indicated, given the failure of conservative treatment, including time, medications, physical therapy, acupuncture, etc. Therefore, the request was medically necessary.