

Case Number:	CM15-0046991		
Date Assigned:	03/19/2015	Date of Injury:	05/15/2013
Decision Date:	04/24/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/12/2015

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: Family Practice

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 38 year old female, who sustained a work related injury on 5/15/15. The diagnoses have included cervical radicular pain, cervical strain, cervical disc protrusion C5-6 and complex regional pain syndrome. Treatments to date have included cervical spine magnetic resonance imaging dated 3/27/14 and medications. Cervical spine magnetic resonance imaging shows a broad based disc herniation with stenosis of the spinal canal, disc material causing stenosis of the bilateral neuroforaminal that deviate the bilateral C6 exiting nerve roots. In the progress report dated 1/20/15, the injured worker complains of chronic cervical radicular pain. She rates this pain a 9/10. She describes constant, sharp stabbing pain with radiation down both arms, right worse than left with numbness and tingling. She states it is improved with Lyrica. Sensation is decreased to pinprick right arm compared to left along the C6 distribution. The treatment plan is to request a C7-T1 intralaminar epidural steroid injection. Cervical spine MRI shows a broad based disc herniation with stenosis of the spinal canal, disc material causing stenosis of the bilateral neuroforaminal that deviate the bilateral C6 exiting nerve roots. She has pain with forward flexion and extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION C7-TA 62310: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. In this case, the injured worker has evidence of cervical radiculopathy on imaging studies corroborated with physical examination findings. Conservative treatment has not been effective. As such, the request for cervical epidural steroid injection C7-T1 is medically necessary.