

Case Number:	CM15-0047239		
Date Assigned:	03/19/2015	Date of Injury:	03/10/2003
Decision Date:	04/20/2015	UR Denial Date:	02/18/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on 08/10/2003. On provider visit dated 02/02/2015 the injured worker has reported neck and arm pain. On examination of cervical spine revealed tenderness to C3-4 and C4-5, pain was noted with range of motion. The diagnoses have included cervical radiculopathy. Treatment to date has cervical fusion, cervical MRI and medication. The provider prescribed Cervical Epidural Steroid Injections to help with his radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injections C5, C6, C7: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for neck and right upper extremity pain. When seen by the requesting provider, there was decreased and painful cervical spine range of motion with negative Spurling's testing. There was decreased right upper extremity sensation with positive right Phalen's testing. The claimant had undergone a cervical fusion in 2005 and there had been a prior cervical epidural steroid injection done with unknown benefit. The assessment references imaging as showing bulging discs and nerve conduction studies as showing C5 radiculopathy and peripheral neuropathy. In terms of a repeat epidural injection, in the therapeutic phase, a repeat injection should only be offered if there is at least 50% pain relief for six to eight weeks. In this case, the claimant's response to the cervical epidural steroid injection done previously is not documented. Additionally, no more than two nerve root levels should be injected using transforaminal blocks and in this case a three level injection was requested. Therefore, the request is not medically necessary.