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| Case Number: | CM15-0051091 | | |
| Date Assigned: | 03/24/2015 | Date of Injury: | 03/01/2014 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/17/2015 |
| Priority: | Standard | Application Received: | 03/17/2015 |

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 49 year old female, who sustained an industrial injury on 3/1/2014. The current diagnoses are cervical degenerative disc disease, right upper extremity radiculopathy, diffuse regional myofascial pain, and chronic pain syndrome. According to the progress report dated 2/18/2015, the injured worker complains of constant neck pain with associated numbness in the right upper extremity. The pain is rated 6/10 on a subjective pain scale. The current medications are Norco, Gabapentin, Fioricet, Nortriptyline, Omeprazole, Ondansetron, and Terocin. Treatment to date has included medication management, rest, physical therapy, chiropractic, TENS unit, MRI of the neck, electrodiagnostic studies, and injections. The plan of care includes C6-7 cervical epidural steroid injection, surgical consultation, physical therapy evaluation with 6 sessions of treatment, and psychology evaluation with 6 sessions of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 Cervical Epidural Injection: Upheld

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

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 one year status post work-related injury and continues to be treated for chronic neck and right upper extremity pain. The treating provider documents abnormal electrodiagnostic testing showing a cervical radiculopathy and multilevel disc protrusion by MRI. Physical examination findings included decreased cervical spine range of motion with right upper extremity hypesthesia. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no reported radicular complaints. Physical examination findings are limited without weakness or reported positive neural tension signs. Therefore, the requested cervical epidural injection is not medically necessary.