

Case Number:	CM15-0055375		
Date Assigned:	03/30/2015	Date of Injury:	07/15/2011
Decision Date:	05/06/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 62 year old female, who sustained an industrial injury on July 15, 2011. The injured worker was diagnosed as having multi-level cervical disc disease with herniation, left para scapular myalgia and thoracic strain/sprain rule out disc herniation. The diagnostic studies to date have included an MRI of the cervical spine that showed multilevel disc bulges and mild foramina stenosis without significant nerve impingement. A progress note dated January 12, 2015 provides the injured worker complains of persistent neck, back and shoulder pain rated 4/10 in the neck and 8/10 in the back and shoulder. She has increased feeling of pins and needles in the left hand and fingers. She reports only using over the counter medications but had a prescription for ibuprofen and omeprazole. Physical exam notes decreased range of motion (ROM) of the cervical spine with tenderness. There is tenderness and decreased range of motion (ROM) of the left shoulder and thoracic spine. The plan is for epidural steroid injection, lab work and oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection for the Cervical Spine at C6-C7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Neck.

Decision rationale: The CA MTUS and the ODG guidelines recommend that cervical epidural steroid injection can be utilized for the treatment of cervical radiculopathy when conservative treatment with medications and PT have failed. The radiological findings did not show conclusive evidence of cervical radiculopathy. The records did not show that the patient failed medications management. She is not utilizing prescription pain medications. There is record of recent PT or home exercise program. The criteria for C6-C7 cervical epidural steroid injection was not met. The request is not medically necessary.