

Case Number:	CM15-0057736		
Date Assigned:	04/02/2015	Date of Injury:	09/08/2006
Decision Date:	05/08/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/26/2015

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

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 57 year old female, who sustained an industrial injury on 9/08/2006. She reported a slip and fall with injury to the neck, upper and lower back. She is status post lumbar laminectomy in 1986. Diagnoses include thoracic pain, cervical pain and spondylosis, degenerative disc disease, and spasm of muscle. Treatments to date include medication therapy, epidural steroid injections, physical therapy and home exercise. Currently, she complained of increased pain in the neck, mid and low back pain. On 2/12/15, the physical examination documented limited range of motion in cervical spine. The thoracic spine examination indicated muscle tightness bilaterally with tenderness, and there were trigger points, decreased lumbar range of motion and muscle spasms noted in lumbar spine. The plan of care included continuation of medications as previously prescribed and a cervical epidural steroid injection at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection @ C7-T1: Upheld

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

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

Decision rationale: The patient has complaints of increasing neck, mid and low back pain. The current request is for Cervical Epidural Steroid Injection at C7-T1. The MTUS Guidelines has the following regarding ESI under the chronic pain section page 46 and 47, Recommended as an option for treatment of radiculopathy pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, the patient presents neck pain. There is no documentation of referred pain or radiculopathy. There are no clinical findings of nerve tension, diminished reflex, decreased sensation in a dermatomal distribution, and no indication of decreased motor strength. Suspected radiculopathy has not been corroborated by imaging studies and/or electro diagnostic studies. The available medical records fail to establish medical support for the requested procedure. As such, recommendation is for denial. Therefore, the requested medical treatment is not medically necessary.