

Case Number:	CM15-0061006		
Date Assigned:	04/07/2015	Date of Injury:	01/12/2009
Decision Date:	05/07/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/31/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old female, who sustained an industrial injury on 1/12/09. The diagnoses have included cervical neck pain with disc disease, cervical radiculopathy, and chronic pain syndrome. Treatment to date has included medications, diagnostics, cervical stellate ganglion block, and epidural steroid injection (ESI). The Magnetic Resonance Imaging (MRI) of the cervical spine was done on 11/2/12. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography was done on 9/4/14. The urine drug screen dated 11/11/14 was consistent with medications prescribed. The current medications included Norco, Fentanyl, Neurontin, Flexeril and Cymbalta with good relief. Currently, as per the physician progress note dated 3/9/15, the injured worker complains of neck and upper extremity pain. She was requesting another cervical epidural injection. She had the last cervical epidural injection on 11/4/15 with greater than 50 percent relief of pain for greater than 2 months. She is also considering getting a spinal cord stimulator. She currently has complaints of significant neck pain with radiation to the right arm and numbness and tingling with pain and swelling in the right hand. The pain levels before medication were 9/10 on pain scale and go down to 7/10 with medication. She states the pain is decreased with medications and injections. Physical exam of the cervical spine revealed tenderness with decreased range of motion. The physician requested treatment includes C6-7 Epidural steroid injection under conscious sedation and with fluoroscopic guidance Qty: 1.00 for cervical neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 Epidural steroid injection under conscious sedation and with fluoroscopic guidance

Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 1/12/09. The medical records provided indicate the diagnosis of cervical neck pain with disc disease, cervical radiculopathy, and chronic pain syndrome. Treatment to date has included medications, diagnostics, cervical stellate ganglion block, and epidural steroid injection (ESI). The medical records provided for review do not indicate a medical necessity for C6-7 Epidural steroid injection under conscious sedation and with fluoroscopic guidance Qty: 1.00 and the request is not medically necessary. Records indicate the injured worker has been approved for spinal cord stimulator trial for bilateral upper extremities; therefore, effect of the Epidural steroid injection cannot be assessed if the worker has the cord stimulator in the next few weeks. The MTUS recommends least 50% pain relief with associated reduction of medication use for six to eight weeks as evidence of good response to epidural steroid injection.