

Case Number:	CM15-0081514		
Date Assigned:	05/04/2015	Date of Injury:	10/10/2013
Decision Date:	06/09/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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

Certification(s)/Specialty: Family Practice

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 34 year old, female who sustained a work related injury on 10/10/13. The diagnoses have included cervical myoligamentous injury, cervical radiculopathy both arms and cervicogenic headaches. The treatments have included oral medications, previous cervical epidural steroid injections and trigger point injections. In the Follow-up Pain Management Consultation and Review of Medical Records dated 3/27/15, the injured worker complains of continuing, ongoing neck pain with associated cervicogenic headaches. She has radiating pain down both arms. She states 50% of pain is her neck pain and the other 50% is bilateral arm pain. She rates her pain level as high as 9/10. She has noted that last cervical epidural steroid injection gave her four months of pain relief with better mobility in neck. The treatment plan is a request for a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C6-7: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

Decision rationale: The injured worker is a 34 year old, female who sustained a work related injury on 10/10/13. The diagnoses have included cervical myoligamentous injury, cervical radiculopathy both arms and cervicogenic headaches. The treatments have included oral medications, previous cervical epidural steroid injections and trigger point injections. In the Follow-up Pain Management Consultation and Review of Medical Records dated 3/27/15, the injured worker complains of continuing, ongoing neck pain with associated cervicogenic headaches. She has radiating pain down both arms. She states 50% of pain is her neck pain and the other 50% is bilateral arm pain. She rates her pain level as high as 9/10. She has noted that last cervical epidural steroid injection gave her four months of pain relief with better mobility in neck. The treatment plan is a request for a cervical epidural steroid injection.