

Case Number:	CM15-0082670		
Date Assigned:	05/05/2015	Date of Injury:	10/21/2008
Decision Date:	06/23/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60-year-old female with an industrial injury dated 10/21/2008. The injured worker's diagnoses include brachial radiculitis, cervical spinal fusion for pseudoarthrosis, pain and tightness sensation. Treatment consisted of MRI of the cervical spine dated 1/13/2015, prescribed medications, and periodic follow up visits. In a progress note dated 10/28/2014, the injured worker presented for follow up. The treating physician reported that the injured worker complained of daily headaches, stiffness and neck concerns. Treatment plan included a repeat Magnetic Resonance Imaging (MRI) of the cervical spine. Magnetic Resonance Imaging (MRI) of the cervical spine dated 1/13/2015 revealed no evidence of an acute compress, no fracture or subluxation, and no focal spinal cord abnormality was identified. The treating physician prescribed services for Outpatient, Cervical Epidural Steroid Injections (ESI) at C5, C6, & C7 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient, Cervical Epidural Steroid Injections (ESI) at C5, C6, & C7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural Steroid Injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical epidural steroid injections at C5, C6, C7 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants). In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. In this case, the injured workers working diagnosis is cervicgia. Medical record contains 48 pages. The request for authorization is dated April 9, 2015. The most recent progress note is dated January 20, 2015 from the [REDACTED]. There are vital signs in the record but no physical examination or objective findings of radiculopathy. There is no clinical indication or rationale in the treatment plan by a treating provider for a cervical epidural steroid injection. There are no contemporaneous progress notes on or about the date of request for authorization. Consequently, absent objective clinical documentation of radiculopathy with a clinical indication and rationale for a cervical epidural steroid injection, cervical epidural steroid injections at C5, C6, C7 are not medically necessary.