

Case Number:	CM15-0242556		
Date Assigned:	12/21/2015	Date of Injury:	09/14/2005
Decision Date:	01/25/2016	UR Denial Date:	12/01/2015
Priority:	Standard	Application Received:	12/14/2015

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: Maryland

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

This 42 year old woman sustained an industrial injury on 9-14-2015. Diagnoses include cervical radiculopathy, lumbar radiculopathy, and lumbar facet syndrome. Treatment has included oral medications, physical therapy, acupuncture, surgical intervention, and chiropractic care. Physician notes dated 10-13-2015 showed complaints of neck pain rated 3-4 out of 10 with radiation to the bilateral shoulders and down to the elbows with weakness and back pain rated 3-4 out of 10 with radiation down the bilateral lower extremities with weakness. The worker has recently had a bout of gallstones which required her to visit the emergency department and Percocet was prescribed. She was to meet with a surgeon the following day. The physical examination shows tenderness to palpation over the bilateral cervical paraspinal muscles with spasms and decreased range of motion. Positive lumbar facet loading is noted bilaterally with decreased sensation in the C6, C7, and C8 dermatomes. Recommendations include lumbar medial branch block at the L4-L5 facet joints, cervical epidural steroid injection, triple phase bone scan, continue orthopedic follow up, continue pain management consultation, continue primary care follow up for gall bladder issues, and follow up in three months. Utilization Review denied a request for interlaminar epidural steroid injection at C4-C5 and C5-C6 on 12-1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Steroid Injection at C4-5 and C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Interlaminar Epidural Steroid Injection at C4-5 and C5-6 is not medically necessary per the MTUS Guidelines. The MTUS does not recommend more than one interlaminar level should be injected at one session. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings of radiculopathy supported by imaging studies in the proposed area for epidural steroid injection. In addition, the request exceeds the MTUS recommendations for an interlaminar injection; therefore, this request is not medically necessary.