

Case Number:	CM14-0181591		
Date Assigned:	11/06/2014	Date of Injury:	04/27/1997
Decision Date:	12/11/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 61 years old female patient who sustained an injury on 4/27/1997. She sustained the injury due to repetitive trauma. The diagnoses include cervical degenerative disc disease, cervical spondylosis and 4mm disc protrusion at C6-7. Per the doctor's note dated 9/10/14, she had complaints of neck pain with radiation to the bilateral upper extremities with tingling and numbness. The physical examination revealed weight 220 pounds and BP- 163/91 mmHg. The medications list Doxazocin, Ibuprofen, Gabapentin, Lasix, metformin, Norco and Oxycontin. She has undergone arthroscopic surgeries for bilateral shoulders, a right total hip replacement and carpal tunnel surgery to right wrist x 2. She has had an MRI of the cervical spine dated 8/28/14 which revealed multilevel degenerative disc disease, disc herniation at C3-4, C4-5, and C5-6 and most prominently at C6-7. She has had physical therapy visits, acupuncture visits, chiropractic visits and shoulder cortisone injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI: 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 MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program" Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)...." Cervical radiculopathy that is documented by physical examination and corroborated by imaging studies is not specified in the records provided. A response to rehab efforts including physical therapy or continued home exercise program and pharmacotherapy are not specified in the records provided. The medical necessity of a cervical ESI is not fully established for this patient.