

Case Number:	CM14-0216293		
Date Assigned:	01/06/2015	Date of Injury:	03/25/2013
Decision Date:	02/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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 50 year old female with a date of injury as 03/25/2013. The worker was injured when she slipped and fell causing injury to her cervical, thoracic, and lumbar areas. The current diagnoses include sprain/strain of the cervical, thoracic, and lumbar spine. Previous treatments include oral medications, physical therapy, epidural steroid injection on 03/12/2014, ice/heat, ESTIM, and home exercise program. Primary treating physician's reports dated 06/11/2014 through 11/05/2014, permanent and stationary report dated 05/07/2014, and qualified medical exam reports dated 05/09/2014 and 06/26/2014 were included in the documentation submitted for review. Report dated 11/05/2014 noted that the injured worker presented with complaints that included intermittent paresthesia in the right index, middle, and ring finger when sleeping, flare-up of cervical and thoracic pain, stiffness in the cervical spine, and complaint of weakness in the right upper extremity. Pain level was documented as 7-8 out of 10. It was noted that the injured worker was not taking any medications due to running out. Physical examination revealed decreased range of motion, positive severe trigger point, tenderness to palpation in the bilateral scalenes, decreased sensation in the C6-C7 dermatome left upper extremity, palpable spasms in the right upper and lower trapezius, and exquisite tenderness to palpation in the thoracic spine T4-T7. The treatment plan included oral pain management, use of ice/heat/ESTIM/IEP, walking daily, weight loss, anti-inflammatory diet, use of therabands to strengthen thoracic spine, and theracane to trigger points. It was further noted that if there was no improvement with the conservative recommendations then a cervical epidural steroid injection would be requested. Report dated 06/11/2014 notes that the injured worker was still having good

effects from the cervical epidural steroid injection performed in March, but a detailed explanation of these effects was not provided. The injured worker's pain level was documented as 7 out of 10 in this report. The documentation received did not contain any recent evaluations for the treatments recommended in primary treating physician report dated 11/05/2014. The injured worker is not working. The utilization review performed on 12/15/2014 non-certified a prescription for cervical epidural steroid injection at C6-7 based on the injured worker not meeting the criteria for epidural steroid injection. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The guidelines state that an epidural injection may be indicated if the clinical radicular findings are supported by both MRI imaging and/or electrodiagnostic studies. The medical documentation in this case shows a significant discrepancy in the findings on MRI imaging, physical exam, and electrodiagnostic studies. In fact, the upper extremity findings are explained by multilevel regions, not the proposed level to be injected. Cervical epidural steroid injection at C6-C7 is not medically indicated.