

Case Number:	CM15-0014166		
Date Assigned:	02/02/2015	Date of Injury:	09/25/2010
Decision Date:	03/19/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/26/2015

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: Arizona, 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 (IW) is a 55 year old female, who sustained an industrial injury on September 25, 2010. She has reported right forearm and elbow pain with associated neck pain and was diagnosed with brachia neuritis or radiculitis; cervical radiculitis, radicular syndrome of upper limbs, cervical spine degenerative disc disease, chronic neck and upper extremity pain and radiculitis of the upper extremities with moderate chronic active right cervical 7, radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, cervical pain injections, acupuncture, physical therapy, surgical intervention, pain medications, conservative therapies, work duty modifications and treatment modalities. Currently, the IW complains of right forearm and elbow pain with associated neck pain and numbness radiating to the upper extremities and low back pain radiating to the lower extremities. The injured worker reported an industrial injury in 2010, resulting in chronic neck and right upper extremity pain. She required surgical intervention on the cervical spine. She was noted to have undergone multiple conservative therapies without resolution of pain. It was noted steroid injections often provide pain relief for over a month. However it was noted sometimes the injections are less effective. Computed tomography (CT) scan of the cervical spine on June 11, 2013, revealed abnormalities. Evaluation on December, 2014, revealed continued complaints as previously described. Further facet joint injection was recommended. On January 16, 2015, Utilization Review non-certified a request for bilateral cervical 6-7 epidural using fluoroscopy, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 26, 2015, the injured worker submitted an application for IMR for review of requested bilateral cervical 6-7 epidural using fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C6 - C7 cervical epidural using fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant had received previous injections with little erratic brief benefit. The claimant had received an epidural steroid injection in August 2014 and had 10/10 pain the month after without medications. The request for additional cervical epidural steroid injections is not medically necessary.