

Case Number:	CM15-0015743		
Date Assigned:	02/03/2015	Date of Injury:	12/26/2003
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 46 year old female, who sustained an industrial injury on 12/26/2003. The current diagnoses are cervical and lumbar sprain/strain. Currently, the injured worker complains of severe neck pain with progressive limited range of motion to the neck and arms associated with severe muscle spasms. Additionally, she reports frequent moderate-to-severe headaches with blurry vision, tingling and numbness in the cervical region, and progressive weakness to bilateral arms. Treatment to date has included medications, physical therapy, chiropractic, and trigger point injections. The treating physician is requesting first cervical epidural steroid injection at C7-T1 with catheter to C5-6 under fluoroscopy guidance, which is now under review. On 1/7/2015, Utilization Review had non-certified a request for first cervical epidural steroid injection at C7-T1 with catheter to C5-6 under fluoroscopy guidance. The cervical epidural steroid injection at C7-T1 was non-certified based on no documentation of specific physical signs of C7-T1 radiculopathy. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

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 C7-T1 with cath to C5-6 under fluoroscopy guidance:
 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, and although the patient have some evidence of benefit from a previous epidural injection, there is no evidence that the patient have signs of active radiculopathy at this time. MTUS guidelines do not recommend epidural injection without documentation of radiculopathy. Therefore, Cervical epidural steroid injection at C7-T1 with cath to C5-6 under fluoroscopy guidance is not medically necessary.