

Case Number:	CM15-0111792		
Date Assigned:	06/18/2015	Date of Injury:	01/23/2001
Decision Date:	07/16/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/09/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on 01/23/2001. The injured worker is currently diagnosed as having cervical stenosis, cervical radiculitis, cervical spondylosis, and chronic pain syndrome. Treatment and diagnostics to date has included lumbar spine MRI which showed some progression in stenosis and degenerative disease, physical therapy, and medications. In a progress note dated 04/16/2015, the injured worker presented with complaints of chronic neck pain and chronic right upper extremity pain. Objective findings include tenderness to base of neck and persistent weakness to the biceps and triceps. The treating physician reported requesting authorization for a cervical epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Cervical C6-C7, Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications); the patient's record indicates documented unresponsiveness to conservative modalities (physical therapy has not solved her problem). The MTUS clearly states that 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. Given the recommendations for epidural steroid injections as written in the MTUS guidelines and the exam findings and imaging to support radiculopathy, the request for epidural steroid injection at this time is medically appropriate as a trial in attempt to avoid need for further invasive intervention.