

Case Number:	CM15-0112101		
Date Assigned:	06/18/2015	Date of Injury:	02/14/2009
Decision Date:	07/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33 year old female, who sustained an industrial injury on February 14, 2009. She reported right shin pain, low back pain, left hand pain and head and neck pain after being struck in the right shin, falling backwards and losing consciousness. The injured worker was diagnosed as having cephalgia and disc injury. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, acupuncture, medications and work restrictions. Currently, the injured worker complains of continued right shin pain, low back pain, left hand pain and head and neck pain with associated headaches. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on April 8, 2015, revealed continued pain with associated symptoms as noted. Radiographic imaging revealed multiple disc protrusions and abnormalities of the cervical spine and a noncancerous left sided basil ganglion cyst. It was noted the physician did not think the cyst was the origin of the headaches. A right sided epidural steroid injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C2-C3 epidural steroid injection: 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 Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not clearly established here. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy collaborated with imaging. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged for this chronic injury. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in clinical findings or progression in functional status. The Right C2-C3 epidural steroid injection is not medically necessary and appropriate.