

Case Number:	CM15-0113791		
Date Assigned:	06/22/2015	Date of Injury:	02/20/2011
Decision Date:	07/21/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/12/2015

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, New York

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:

This is a 52 year old female with a February 20, 2011 date of injury. A progress note dated March 12, 2015 documents subjective complaints (getting more headaches rated at a level of 8/10), objective findings (full range of motion of the cervical spine; pain elicited with full flexion; decreased range of motion of the right shoulder), and current diagnoses (right shoulder impingement, status post surgery, unchanged; cervical spine C5-6 stenosis, C6-7 stenosis, unchanged). Treatments to date have included medications, right shoulder surgery, physical therapy, magnetic resonance imaging of the cervical spine on July 25, 2013 that showed degenerative disc disease with retrolisthesis at C3-4, C5-6 and C6-7 and cervical canal stenosis, and acupuncture. The treating physician documented a plan of care that included a cervical interlaminar epidural steroid injection on March 17, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for left C6-7 cervical interlaminar epidural steroid injection under fluoroscopic guidance, date of service 03/17/2015: Upheld

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
Epidural steroid injection Page(s): 46.

Decision rationale: The request for a cervical epidural steroid injection is considered not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there no was documentation of motor or sensory deficits on exam that was corroborated by MRI findings. The MRI did not show any neural foraminal narrowing. The patient had an epidural with 60% improvement but it should be documented to have lasted at least 6-8 weeks. Therefore, the request is considered not medically necessary.