

Case Number:	CM15-0113816		
Date Assigned:	06/22/2015	Date of Injury:	01/30/2001
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on January 30, 2001. The injured worker was diagnosed as having status post lumbar fusion, iliac bone graft and cervical decompression and fusion. Treatment to date has included multiple surgeries, medication and pain management. A progress note dated January 29, 2015 provides the injured worker complains of neck pain. Physical exam notes painful cervical and lumbar tenderness with painful decreased range of motion (ROM). There is a request for cervical injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cervical epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2001. She underwent an anterior cervical decompression and fusion in November 2007. When

seen, she was having neck pain radiating into the upper extremities. Physical examination findings included decreased upper extremity sensation. There was cervical spine and trapezius muscle and periscapular muscle tenderness. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased upper extremity sensation and the claimant has radicular symptoms. However, there were no electrodiagnostic or imaging findings that corroborate a diagnosis of radiculopathy. The request does not meet criteria and is not considered medically necessary.