

Case Number:	CM15-0113847		
Date Assigned:	06/22/2015	Date of Injury:	11/09/2012
Decision Date:	07/23/2015	UR Denial Date:	05/21/2015
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:

The injured worker is a 42 year old female, who sustained an industrial injury on 11/9/12. The injured worker has complaints of pain in the nose, neck, lower back as well as headaches. Cervical spine examination revealed positive spurlings sign; limited range of motion of the cervical spine and decreased sensation along the C4 and C5 dermatomal distributions. Lumbar spine examination revealed diffuse tenderness and spasm to palpation over the lumbar paraspinous musculature and there is moderate facet tenderness over L4-L5 level. The diagnoses have included headaches; cervical disc disease; cervical radiculopathy; cervical facet syndrome and lumbar facet syndrome. Treatment to date has included norco; magnetic resonance imaging (MRI) of the lumbar spine, right shoulder and left shoulder and cervical spine; electromyography /nerve conduction study of both upper extremities performed on June 27, 2013 and computerized tomography (CT) scan of the nasal bones performed on 11/4/13. The request was for 1 left L4-L5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left L4-L5 transforaminal epidural steroid 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 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, the physical findings were not corroborated by MRI findings. The chart does not show a failure to improve after all conservative treatment modalities. The patient had a previous epidural steroid injection but only had improvement for two weeks. The amount the symptoms improved was not included. Patients should have at least 50% pain improvement, lasting six to eight weeks. Therefore, the request is considered not medically necessary.