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| Case Number: | CM15-0121240 | | |
| Date Assigned: | 07/02/2015 | Date of Injury: | 10/28/2010 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 06/24/2015 |

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: Emergency 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 45 year old female, who sustained an industrial injury on October 28, 2010, incurring neck and back injuries. She was diagnosed with cervical strain, lumbar degenerative disc disease, and lumbar facet arthropathy, and lumbar stenosis, rotator cuff tendinosis. Treatment included physical therapy, acupuncture, chiropractic sessions, massage therapy, pain medications, muscle relaxants, anti-inflammatory drugs, home exercise program and surgical bilateral shoulder arthroscopy. Currently, the injured worker complained of ongoing neck and low back pain. Her neck pain radiated into both shoulders and down both arms with tingling and numbness into the hands and fingers. The treatment plan that was requested for authorization included a cervical epidural steroid injection with conscious sedation and fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C6-7 interlaminar with conscious sedation and fluoroscopic guidance: 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 injections (ESIs) Page(s): 46.

Decision rationale: The requested cervical epidural steroid injection C6-7 interlaminar with conscious sedation and fluoroscopic guidance is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are: "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has ongoing neck and low back pain. Her neck pain radiated into both shoulders and down both arms with tingling and numbness into the hands and fingers. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, cervical epidural steroid injection C6-7 interlaminar with conscious sedation and fluoroscopic guidance is not medically necessary.