

Case Number:	CM15-0124672		
Date Assigned:	07/09/2015	Date of Injury:	05/16/2011
Decision Date:	08/05/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/29/2015

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:

This 64 year old woman sustained an industrial injury on 5/16/2011. The mechanism of injury is not detailed. Diagnoses include cervical radiculitis status post cervical spine surgery. Treatment has included oral medications and home exercise program. Physician notes on a PR-2 dated 5/12/2015 show complaints of increased cervical spine pain rated 9/10 with radiation to the left upper extremity with associated burning, tingling, and numbness. Recommendations include continue home exercise program, continue current medications regimen, and cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cervical transforminal epidural steroid injection at C5-C6, C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work-related injury in May 2011 and continues to be treated for radiating neck pain. She underwent an anterior cervical decompression and fusion in May 2011. When seen, there was decreased left upper extremity strength, sensation, and left upper extremity reflexes were decreased. A prior epidural steroid injection on 08/30/14 using the same requested approach is documented on 09/24/14 as having provided 40% pain relief. In the therapeutic phase guidelines recommend that repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the claimant had less than 50% pain relief when assessed less than one month after the last injection. The requested repeat epidural steroid injection was not medically necessary.