

Case Number:	CM15-0124960		
Date Assigned:	07/14/2015	Date of Injury:	03/01/2008
Decision Date:	08/07/2015	UR Denial Date:	06/10/2015
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:

The injured worker is a 44 year old female, who sustained an industrial injury on 8/1/2003. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic cervical 7 radiculopathy, right cervical disc protrusion, right cervical 5-6 radiculopathy, cervical stenosis and cervical sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy and medication management. In a progress note dated 5/28/2015, the injured worker complains of bilateral neck pain with right upper extremity radicular symptoms. Physical examination showed restricted cervical range of motion with tenderness to palpation and lumbar tenderness. The treating physician is requesting repeat fluoroscopically guided transforaminal epidural steroid injection to the right cervical-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Fluoroscopically guided transforaminal ESI right C7 Cervical: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural steroid injections (ESIs).

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

Decision rationale: The claimant sustain a work injury in August 2003 and continues to be treated for radiating neck pain. Treatments included a cervical transforaminal epidural injection in January 2015 reported to have provided 95% pain relief lasting for 4.5 months. When seen, there was decreased right upper extremity strength and sensation. Authorization for a repeat epidural injection was requested. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and medically necessary.