

Case Number:	CM15-0127320		
Date Assigned:	07/14/2015	Date of Injury:	01/10/2004
Decision Date:	08/10/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/01/2015

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 (IW) is a 42 year old female who sustained an industrial injury on 01/10/2004. She reported neck pain. The injured worker was diagnosed as having cervical radiculopathy, cervical pain, chronic pain syndrome, and generalized pain. Treatment to date has included injections, oral medications, physical therapy, and pain management. Currently, the injured worker complains was seen in her routine follow up visit at the pain management clinic on 05/11/2015 where she complained of pain in the neck and bilateral shoulders. The pain was described as aching and throbbing with shoulder pain at night. Her pain is unchanged between visits. She rates it as a 5/10 and reports no change in location of pain. Additionally the worker complains of joint pain, joint stiffness, morning stiffness and headaches. She has a gastrointestinal history of polyps. Quality of sleep is fair. She reported continued functional benefit with her pain meds. Pain score without pain meds is 6-7/10, with pain meds is 3-4/10, and she is working. She reports a small increase in activities of daily living. She has no suspicion of medication abuse, and no evidence of developing medication dependency. Her pain medications include Hysingia, Norco, and Valium. Prior MRI show evidence of small bulges in the cervical spine. The treatment plan includes an injection of Toradol IM at the visit, blood tests to rule out rheumatologic causes of her pain, referral to a rheumatologist, physical therapy, a CT myelogram, and a cervical epidural steroid injection. A request for authorization is made for the following: Caudal Cervical ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Cervical ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 has a remote history of a work-related injury and is being treated for neck and shoulder pain. An MRI of the cervical spine is referenced as showing disc bulging without report of neural compromise. When seen, there was positive Spurling testing. No neurological examination was otherwise documented. 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 positive Spurling testing without report of any neurological deficits. Imaging does not suggest the presence of radiculopathy. The request for a caudal cervical epidural steroid injection does not make anatomic sense in terms of the approach. For these reasons, the request cannot be accepted as being medically necessary.