

Case Number:	CM15-0171514		
Date Assigned:	09/11/2015	Date of Injury:	05/02/2011
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/31/2015

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 51 year old female, who sustained an industrial injury on May 2, 2011. She reported injury to her head, neck and shoulders. The injured worker was currently diagnosed as status post-traumatic head injury with concussion, post-traumatic headaches-occipital neuralgia, cervical disc displacement and chronic myofascial pain, cervical radiculopathy, post-concussive syndrome with cognitive impairment and depression and post-traumatic dizziness-vertigo, rule out vestibular dysfunction. Treatment to date has included psychiatric evaluation, injection, vestibular therapy times six, home exercises, cervical traction, group therapy, psychiatric treatment and medication. A prior cervical epidural injection was noted to help for two and a half to three months. During that time, her neck pain and left arm pain with paresthesias were noted to be "much improved" and she was able to stop pain medication and muscle relaxant medication. On May 27, 2015, the injured worker complained of pain in her left arm with twitching and numbness in the left hand. She also reported neck pain, decreased cervical range of motion and sleep disturbances. The treatment plan included a cervical epidural injection, home exercises, cervical traction, medications and a follow-up visit. On August 18, 2015, utilization review denied a request for a cervical epidural steroid injection times one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI x 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back - Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in May 2011 and is being treated for neck pain with radiating upper extremity symptoms after being struck on the top of her head by a metal fence. A cervical epidural steroid injection was performed on 02/13/15. In April 2015, the injection had helped significantly with improved upper extremity radicular symptoms. An MRI of the cervical spine is referenced as showing an annular tear and electrodiagnostic testing with findings of left sided radiculitis. When seen her symptoms were returning. Physical examination findings included decreased left upper extremity sensation in a dermatomal distribution. A cervical epidural steroid injection was requested. In terms of epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. In this case, the claimant had significant improve after the first injection performed in February 2015. She has be findings and electrodiagnostic testing that support the presence of ongoing left cervical radiculopathy. A second cervical epidural steroid injection is medically necessary.