

Case Number:	CM15-0171528		
Date Assigned:	09/11/2015	Date of Injury:	07/03/2008
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 50 year old female who sustained an industrial injury on 7-3-08. Progress report dated 7-10-15 reports continued complaints of moderate to severe upper back, neck and shoulder pain. The pain is described as aching, burning, numbness, sharp and stabbing that radiates to the left and right arm. The symptoms are aggravated by activity and relieved by medication. She reports no relief from the last bilateral cervical facet injection. Diagnoses include: pain in joint shoulder region, cervical strain, headache, thoracic sprain, low back pain, neck pain, chronic pain, radiculopathy cervical, spondylosis cervical without myelopathy, myalgia and myositis and facet arthropathy. Plan of care includes: recommend repeat epidural and recommend possible medication changes. Work status is MD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C7-T1 midline qty:2: Upheld

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 Chapter, Pain Chapter, Epidural steroid injection.

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

Decision rationale: According to the guidelines, ESIs may be considered in those with radiculopathy confirmed by exam and imaging. In this case, the claimant's prior MRI indicated torquing of the spinal cord. However, prior EMG in 2011 did not indicate cervical radiculopathy. A prior ESI with fluoroscopy indicated the dye may not have reached the level of the level of herniation. Prior facet injections did not provide relief. Based on numerous intervention already provided, another ESI is not medically necessary.