

Case Number:	CM15-0176711		
Date Assigned:	09/17/2015	Date of Injury:	06/05/2009
Decision Date:	10/26/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/08/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 46-year-old female, with a reported date of injury of 06-05-2009. The diagnoses include neck pain, cervical radiculopathy and neuropathy, and cervical spondylosis. Treatments and evaluation to date have included Voltaren topical gel, Flexeril, Norco, Gabapentin, Mobic, and cervical spine injection at C6-7 on 06-30-2015. The diagnostic studies to date have not been included in the medical records. Although 03-03/15 office notes stated that she had a cervical MRI, no detail was documented concerning the results. No upper extremity electrodiagnostic studies are documented. The medical report dated 08-05-2015 indicates that the injured worker received a cervical epidural the previous week, and she noted significant improvement of her pain; although, some of it was starting to come back. The injured worker continued to have pain in both shoulders. On 06-29-2015, the injured worker complained of neck pain and was scheduled to have a cervical epidural on the following day (06-30-2015). The objective findings (06-29-2015 to 08-05-2015) include mild to moderate trapezial tenderness; tenderness over the superior border of the scapula; negative Spurling maneuver; decreased cervical lordosis; mild cervical paraspinal tenderness; mild to moderate decreased cervical flexion, extension, and lateral rotation; and mild to moderate weakness and spasticity of the cervical spine. The treatment plan includes more cervical epidurals as needed. The injured worker's work status was not indicated. The request for authorization was dated 08-26-2015. The treating physician requested a cervical epidural steroid injection at C6-7. On 08-31-2015, Utilization Review (UR) non-certified the request for a cervical epidural steroid injection at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (ESI) at C6-7 fluoro needle x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Based upon the submitted documentation, California Medical Treatment Utilization Schedule (MTUS, effective July 18, 2009) criteria for epidural steroid injections (ESIs) are not met. MTUS requires documentation of objective evidence of radiculopathy per physical exam, with corroboration by imaging or electrodiagnostic studies. Objective evidence of radiculopathy is not documented per physical exam notes. No diagnostic study results are documented. In the therapeutic phase of care, MTUS requires at least 50% improvement maintained for at least 6-8 weeks as a prerequisite for future injections. Per the submitted records, the injured worker received an epidural steroid injection 3-4 years ago with "some benefit". However, the percentage and duration of improvement with this injection or the repeat injection performed 06/30/15 are not documented. Based upon failure of compliance with MTUS recommendations, medical necessity is not established for the requested repeat cervical ESI. Therefore, the request is not medically necessary.