

Case Number:	CM15-0177241		
Date Assigned:	09/17/2015	Date of Injury:	01/17/2012
Decision Date:	10/20/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/09/2015

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 51 year old male, who sustained an industrial injury on 01-17-2012. He has reported subsequent neck pain and was diagnosed with cervical spine sprain and strain, cervical disc herniation, cervical radiculitis, limited range of motion of the bilateral shoulders and bilateral shoulder internal derangement. MRI of the cervical spine showed straightening of the cervical spine, disc desiccation and broad based central disc herniation at C2-C3, C4-C5 and C5-C6. Treatment to date has included oral pain medication, physical therapy, acupuncture and a home exercise program that did not significantly reduce pain. In a progress note dated 08-14-2015, the injured worker reported 7-8 out of 10 neck pain. Objective examination findings were notable for pain to palpation over the spinous processes from C5-C6, increased tone in the left and right trapezius with point tenderness in the form of severe myofascial pain on deep palpation with severe guarding and limited range of motion in the neck and upper extremities. Work status was documented as modified. The physician noted that a request for the first cervical epidural steroid injection was being made due to the MRI results, examination findings and dermatomal distribution of radiculitis and radiculopathy in the upper extremities correlating with the MRI. A request for authorization of cervical epidural steroid injection C7-T1 with catheter to C5-C6 bilateral was submitted.

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 with Catheter to C5-C6 Bilateral: Overturned

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: In this case, the claimant had radicular signs that correlated with imaging. The claimant was in continued pain and the physician planned on weaning medications after successful intervention. The request for ESI of C7-T1 is medically necessary and appropriate.