

Case Number:	CM15-0177807		
Date Assigned:	09/18/2015	Date of Injury:	05/20/2014
Decision Date:	10/21/2015	UR Denial Date:	09/01/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old female who sustained an industrial slip and fall injury on 05-20-2014. The injured worker was diagnosed with cervicgia with multi-level spondylosis, worse at C5-6, with right upper extremity radiculitis and L5-S1 disk herniation with significant improvement of the right lower extremity radiculitis after a lumbar epidural steroid injection on July 29, 2015. According to the treating physician's progress report on August 12, 2015, the injured worker continues to experience neck and right upper extremity pain and is currently involved in physical therapy. Physical examination demonstrated a stable and steady gait and neurologically intact to the upper and lower extremities without focal deficits. Prior treatments documented to date have included diagnostic testing including a cervical spine magnetic resonance imaging (MRI) on April 29, 2015, physical therapy and medications. Current medications were listed as Norco, Methocarbamol and Sertraline. On August 25, 2015 the provider requested authorization for an epidural steroid injection (ESI) at C5-C6 and C6-C7. The Utilization Review determined the request for a translaminar epidural steroid injection (ESI) at C5-C6 and C6-C7 was not medically necessary on 09-01-2015 based on no examination findings, no dermatomal pattern or sensation loss and no diagnostic findings indicating possible radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar epidural steroid injection (ESI) at C5-C6 and C6-C7 levels: 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: Translaminar epidural steroid injection (ESI) at C5-C6 and C6-C7 levels is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings of radiculopathy in the proposed area for epidural steroid injection. For this reason, the request for epidural steroid injection is not medically necessary.