MAXIMUS Federal Services

Case Number:	CM15-0178140		
Date Assigned:	09/18/2015	Date of Injury:	09/21/2011
Decision Date:	10/21/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/10/2015

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 65 year old female with an industrial injury dated 09-21-2011. Medical record indicates she is being treated for cervical spine degenerative disc disease with spondylosis (multilevel), cervical spine disc protrusions (multilevel), and right upper extremity cervical 5-6 chronic neuropathy. The 08-05-2015 progress note documents the injured continued with neck pain and bilateral upper extremity pain with right greater than left. "Patient notes walking aggravates the neck pain." "Patient not had ESI (epidural steroid injection) yet." Physical exam findings are documented as cervical spine flexion as 50 and extension as 15 with tenderness of bilateral paracervicals. Sensation and strength were documented as intact in bilateral upper extremities. The treating physician documents; "Request attention to authorization for cervical spine epidural steroid injection times 1 by pain management referral." In the progress note dated 05-13-2015 the treating physician documents “patient continues with neck pain radiating to bilateral upper extremities right greater than left.” The treatment request was pain management referral for epidural steroid injection of cervical spine times 1. In the progress note dated 06-24-2015 the treating physician documents: "Await referral for epidural steroid injection times 1 cervical spine." "Will schedule patient for ESI (epidural steroid injection) as soon as possible." MRI of the cervical spine dated 04-17-2015 is documented as showing a 1.5 mm central disc protrusion of cervical 2-3, 2 mm central disc protrusion of cervical 3-4, 2 mm central disc protrusion of cervical 4-5, 2 mm central disc protrusion of cervical 5-6, 3mm central disc protrusion of cervical 6-7, 1 mm central disc protrusion of cervical 7-thoracic 1 and a 3 mm central disc protrusion of thoracic 1-2.The electro diagnostic study of the bilateral upper

extremities done on 02-27-2015 is documented as showing chronic neuropathic changes in the right cervical 5-6 distribution. Prior treatments include medication and home exercise program. The treatment request is for C-spine epidural steroid injection times one (1). On 08-17-2015 the request for C-spine epidural steroid injection times one (1) was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C-spine epidural steroid injection times one (1): 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: In this case, the claimant's MRI of the cervical spine does not show any cord encroachment. The EMG shows chronic neuropathic changes. The request for the ESI does not specify the level or mention use of fluoroscopy. The request for the ESI is not specific and the clinical and diagnostic information does not correlate. The request is not medically necessary.