

Case Number:	CM15-0179817		
Date Assigned:	09/21/2015	Date of Injury:	03/11/2013
Decision Date:	10/23/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This 52 year old female sustained an industrial injury on 3-11-13. Documentation indicated that the injured worker was receiving treatment for right cervical radiculopathy. Previous treatment included physical therapy, home exercise and medications. Magnetic resonance imaging cervical spine (1-22-15) showed disc osteophyte complexes superimposed on a congenitally small canal at C3-4 and C4-5 with moderate central canal stenosis and indentation of the ventral cord, mild to moderate canal stenosis at C5-6, mild bilateral foraminal narrowing at C4-5 with facet degeneration and moderate bilateral foraminal narrowing at C5-6 with facet degeneration. In a PR-2 dated 8-10-15, the injured worker complained of neck and right arm pain, rated 8 out of 10 on the visual analog scale, associated with burning, tingling, numbness and weakness in the right upper extremity. Physical exam was remarkable for tenderness to palpation with spasms to the paraspinal musculature at C4-6, tenderness to palpation to bilateral cervical facets, "decreased" range of motion and sensation of the right upper extremity and C4-6 distribution with "decreased" brachial radialis and triceps deep tendon reflexes in the right arm. The treatment plan included continuing home exercise and physical therapy, refilling medications (Tramadol and Naproxen Sodium) and cervical epidural steroid injections at right C4-5 and C5-6. On 8-18-15, Utilization Review modified a request for right cervical epidural steroid injections at C4-5 and C5-6 to right cervical epidural steroid injection at C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cervical Epidural Steroid Injection at C4-C5, C5-C6 x 1: 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: The claimant has MRI findings with narrowing and stenosis in the cervical spine. There is weakness in the upper extremities consistent with radiculopathy. The claimant is undergoing exercises and conservative therapy but has persistent pain. The request for ESI of C4-C6 is appropriate. The request for the ESI above is medically necessary.