

Case Number:	CM15-0025969		
Date Assigned:	02/18/2015	Date of Injury:	03/12/2001
Decision Date:	04/02/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/11/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 56-year-old female, who sustained an industrial injury on 3/12/2001. The diagnoses have included cervical radiculitis, cervical disc herniation with left upper extremity radiculitis, and arthroscopic surgery. Treatment to date has included physical therapy, TENS unit, pain clinic treatment, medications and epidural steroid injection. Currently, the IW complains of pain in the shoulders, back and right leg. Pain is currently rated as 7/10. Pain at its worst is rated as 9/10. Cervical magnetic resonance imaging (MRI) dated 10/27/2014 revealed C3-4 severe left neuro foraminal stenosis, C5-6 new moderate right and progressive severe left neuro foraminal stenosis with posterior disc osteophytes noted. At C4-5 there is bilateral foraminal stenosis. Objective findings included tenderness to palpation of the lumbar paraspinal muscles, and sacroiliac joints. Range of motion testing showed functional limitations. Muscle stretch reflexes are 2+ bilateral upper and lower extremities. She has an antalgic gait. On 1/28/2015 Utilization Review non-certified, a request for cervical epidural steroid injection (ESI) C7-T1 under monitored anesthesia care noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/11/2015, the injured worker submitted an application for IMR for review of for cervical epidural steroid injection (ESI) C7-T1 under monitored anesthesia care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI C7-T1 under monitored anesthesia care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case documentation in the medical record does not support the diagnosis of radiculopathy and imaging studies do not provide corroboration. In addition cervical ESI is not recommended. Criteria for ESI have not been provided. The request should not be authorized.