

Case Number:	CM15-0036076		
Date Assigned:	03/04/2015	Date of Injury:	04/11/2010
Decision Date:	05/27/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old female, who sustained an industrial injury on April 11, 2010. She reported low back pain with radicular symptoms into the lower extremities. The injured worker was diagnosed as having myofascial pain syndrome, neck pain, lumbar strain and lumbar radiculopathy. Treatment to date has included conservative care, transforaminal epidural steroid injections, medications and work restrictions. The 2013 MRI of the cervical spine showed C5-C6 desiccation and mild facet arthropathy without significant stenosis of nerve impingement. Currently, the injured worker complains of low back pain with radicular symptoms. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 24, 2014, revealed continued pain as noted. There was associated numbness of the right hand. Cervical epidural steroid injections were requested. The medications listed are Voltaren, Methoderm, Flexeril and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI at Right C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural injection, Topical Analgesics Page(s): 46, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that cervical epidural steroid injections can be utilized for the treatment of cervical radiculopathy when conservative treatments with medications and PT. The records did not show subjective, objective and radiological findings confirming the diagnosis of cervical radiculopathy. The MRI of the cervical spine did not show significant stenosis or nerve impingement indicative of radiculopathy. The criteria for right C6 cervical epidural steroid injection was not met, therefore the request is not medically necessary.