

Case Number:	CM15-0047600		
Date Assigned:	04/15/2015	Date of Injury:	10/28/2013
Decision Date:	05/14/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/12/2015

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: California
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 45 year old female who sustained an industrial injury on 10/28/113. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies include a MRI of the cervical spine. Current complaints include neck pain. Current diagnoses include left cervical axial pain and cervical radiculitis secondary to C5-6 disc protrusion with foraminal narrowing. In a progress note dated 01/25/15 the treating provider reports the plan of care as gabapentin and a cervical epidural steroid injection (ESI). The requested treatment is cervical ESI at C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal epidural steroid injection at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 46 of 127.

Decision rationale: There is insufficient documentation to support the diagnosis of radiculopathy in this patient. Radiculopathy must be documented by physical examination and supported by imaging studies. The MRI findings show only mild foraminal narrowing at the C5-C6 level and did not indicate significant nerve compression. Without imaging or nerve conduction studies demonstrating nerve compression an epidural injection would not be indicated. The long-term benefit of epidural steroid injections in patients who have cervical radicular pain is also in question. Based on findings from the American Academy of Neurology, there is insufficient evidence to make any recommendations for the use of epidural injections to treat radicular pain related to cervical nerve compression (Armon, 2007). Therefore, the request is not medically necessary.