

Case Number:	CM15-0061375		
Date Assigned:	04/07/2015	Date of Injury:	07/28/2008
Decision Date:	05/12/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/01/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This 34-year-old female sustained an industrial injury via cumulative trauma from 2006 to 7/28/08. The injured worker complained of progressively worsening pain to the low back, mid back, hips, legs, feet, neck, shoulders, arms, hands and head. Past medical history was significant for fibromyalgia. Previous treatment included magnetic resonance imaging (in the neck showing left sided C3-4 narrowing and mild C5-6 stenosis), bilateral L5-S1 micro-decompression (11/25/14), physical therapy, massage, heat and ice, transcutaneous electrical nerve stimulator unit, traction, epidural steroid injections, medial branch blocks, rhizotomy, ultrasound, acupuncture, chiropractic therapy and medications. The injured worker underwent cervical facet medial branch blocks at bilateral C3-4, C4-5 and C5-6 on 2/4/15. In a PR-2 dated 2/11/15, the injured worker complained of pain "all throughout the body". The injured worker reported constant aching neck pain rated 6-7/10 on the visual analog scale with radiation to bilateral upper extremities associated with numbness, tingling and burning as well as low back spasms rated 6-8/10. Examination reveals decreased sensation on the Right C6 and C8 dermatomes. The injured worker reported receiving no relief from recent facet joint injections. Current diagnoses included fibromyalgia, chronic pain syndrome, lumbar spine spondylosis without myelopathy, lumbar spine degenerative disc disease, lumbar spine radiculopathy, lumbar herniated disc, lumbago, cervical spine herniated disc, cervical spine stenosis, cervical spine radiculopathy, cervicgia and muscle spasms. The treatment plan included continuing medications (Norco and Soma), continuing chiropractic therapy and requesting authorization for C5-C6 Interlaminar Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Cervical) C5-C6 Interlaminar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: Regarding the request for cervical epidural steroid injection (ESI), California MTUS cites that ESI are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of cervical radicular pain, no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy, and there is documentation of failed conservative treatment including ESI, however it is not clear if they were cervical ESIs. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.