

Case Number:	CM15-0062332		
Date Assigned:	04/08/2015	Date of Injury:	01/12/2015
Decision Date:	05/14/2015	UR Denial Date:	03/16/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for neck and shoulder pain reportedly associated with an industrial injury of January 12, 2015. In a utilization review report dated March 16, 2015, the claims administrator failed to approve a request for a C7-T1 interlaminar epidural steroid injection. An RFA form dated March 9, 2015 was referenced in the determination, as was an associated progress note dated March 4, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were invoked, despite the fact that it did not clearly appear to be a chronic pain case as of the date of the request. In said March 4, 2015 progress note, the applicant reported ongoing complaints of neck and shoulder pain, 9/10. Paresthesias about the right arm were noted. A Medrol Dosepak had not proven effective. The applicant had apparently consulted a shoulder surgeon, who would opine that the bulk of the applicant's pain complaints were emanating from the neck. A positive Spurling maneuver was noted on the right. Limited cervical range of motion was noted. Hyposensorium was noted about the C6-C7 dermatome. The attending provider referenced cervical MRI imaging demonstrating multi-level neural foraminal narrowing at various levels, most prominent at C5-C6 and C6-C7. At C7-T1, interlaminar epidural steroid injection was proposed. The attending provider suggested that the injection could play a therapeutic role. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 (cervical to thoracic) Interlaminar Epidural Injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: Yes, the proposed C7-T1 interlaminar epidural steroid injection is medically necessary, medically appropriate, and indicated here. Since this did not appear to be a chronic pain case as of the date of the request, March 4, 2015, ACOEM was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, epidural injections of corticosteroids are deemed "optional," particularly for the purposes of avoiding surgery. Here, the request in question represented a first-time request for epidural steroid injection therapy some 2-1/2 months removed from the date of injury. The applicant had apparently failed to profit from earlier conservative treatment including time, medications, physical therapy, manipulative therapy, oral steroids, etc. Moving forward with a first-time epidural steroid injection was, thus, indicated on or around the date in question. The applicant did, it is further noted, have some radiographic evidence of radiculopathy at several levels, including the level in question. Therefore, the request is not medically necessary.