

Case Number:	CM15-0062710		
Date Assigned:	04/08/2015	Date of Injury:	10/24/2002
Decision Date:	05/12/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/02/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48-year-old female injured worker suffered an industrial injury on 10/24/2002. The diagnoses included cervical radiculitis, degenerative disc disease, and post laminectomy syndrome of the cervical/lumbar spine. The diagnostics included cervical magnetic resonance imaging. The injured worker had been treated with cervical fusion and lumbar fusion and medications. On 3/11/2015, the treating provider reported 60% relief from the effect of her medications in the neck and lower back that radiated to upper and lower extremities rated as 8/10 on average. The treatment plan included C6-7 translaminar epidural steroid injection with oral sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 translaminar epidural steroid injection with oral sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Epidural Steroid Injections.

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

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long-term benefit or reduction for the need of surgery. MTUS guidelines do not recommend epidural injections in the treatment of post-laminectomy syndrome. Therefore, the request for C6-7 translaminar epidural steroid injection with oral sedation is not medically necessary.