

Case Number:	CM15-0064876		
Date Assigned:	04/10/2015	Date of Injury:	09/12/2012
Decision Date:	05/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/06/2015

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 57 year old female, who sustained an industrial injury on 09/12/2012. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, epidural steroid injections to the cervical spine, and conservative therapies. The 3/11/2015 MRI of the cervical spine showed intact C5-C6 fusion, multilevel disc bulges, foramina stenosis and degenerative disc disease. Per the exam dated 02/12/2015, the injured worker reported severe low back pain with radiating pain, numbness and tingling down both lower extremities and moderate to severe cervical pain with intermittent radiating pain into the occipital region resulting in severe headaches and occasional radiating pain, numbness and tingling down both upper extremities. There were objective findings of tenderness to the cervical paraspinal region and decreased sensation over the C4-C5, C5-C6, C6-C7 dermatomes. Currently, the injured worker reported no significant improvement. The diagnoses include cervical strain with radiculitis. The treatment plan consisted of cervical epidural steroid injection at C5-6, C6-7 and C7-T1 under fluoroscopic guidance, continue same restrictions and follow-up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Steroid Injection at levels C5-6, C6-7, C7-T1 under fluoroscopy guidance:

Overtaken

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections ESIs.

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 treatment with medications and PT have failed. The records indicate that the patient had completed conservative management without any significant improvement of the symptoms. The ADL is negatively impacted. There is documentation of subjective, objective and radiological findings consistent with the diagnosis of cervical radiculopathy. The criteria for C5-C6, C6-C7, C7-T1 fluoroscopic guided cervical epidural injections were met. Therefore, the request is medically necessary.