

Case Number:	CM15-0067286		
Date Assigned:	04/14/2015	Date of Injury:	08/20/2009
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/10/2015

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: Physical Medicine & Rehabilitation

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 54 year old female who sustained an industrial injury on August 20, 2009. She has reported neck pain and has been diagnosed with cervical radiculopathy, cervical discogenic pain, and carpal tunnel syndrome. Treatment has included surgery, medications, injection, and physical therapy. Currently the injured worker complained of neck pain radiating into the bilateral upper extremities. The cervical spine shows decreased range of motion with spasm and tenderness to palpation. There was a positive Spurling's maneuver bilaterally. The treatment request included a cervical epidural steroid injection at C6-7 using interlaminar approach and post injection motorized cold therapy unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C6-7 using Interlaminar Approach: 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, and 181.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and for delay of surgical intervention; however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. The patient is s/p cervical fusion. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic injury. Criteria for repeating the epidurals have not been met or established. The Cervical epidural steroid injection at C6-7 using Interlaminar Approach is not medically necessary and appropriate.

Post injection motorized cold therapy unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, updated 01/30/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cold Packs, page 157.

Decision rationale: As the Cervical epidural steroid injection at C6-7 using Interlaminar approach is not medically necessary and appropriate; thereby, the Post injection motorized cold therapy unit purchase is not medically necessary and appropriate.