

Case Number:	CM15-0068332		
Date Assigned:	04/21/2015	Date of Injury:	05/09/2007
Decision Date:	05/19/2015	UR Denial Date:	03/11/2015
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, 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 54-year-old female, with a reported date of injury of 05/09/2007. The diagnoses include cervical strain, degenerative disc disease of the cervical spine, and rule out herniated disc of the cervical spine. Treatments to date have included an MRI of the cervical spine, Gabapentin, Tramadol, and intralaminar epidural steroid injections. The follow-up evaluation report dated 02/04/2015 indicates that the injured worker had cervical radicular pain. She rated the cervical pain 7-8 out of 10. The physical examinations showed decreased cervical spine range of motion due to pain, tenderness to palpation along the cervical spinous process with radiation down the right arm, and decreased sensation to pinprick to the right upper extremity. A progress report dated March 11, 2015 indicates that the patient previously underwent a cervical epidural steroid injection "which the patient does report that did not help when she got a steroid injection in her neck." The treating physician requested an intralaminar epidural steroid injection to the cervical spine at C7-T1. It was noted that the injured worker had significant long-lasting relief from previous injections in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intralaminar epidural steroid injection to cervical spine at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

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

Decision rationale: Regarding the request for repeat cervical epidural steroid injection, California MTUS cites that ESI is 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. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there are no recent subjective complaints or physical examination findings supporting a diagnosis of radiculopathy, no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy at all of the levels requested, no documentation of failed conservative treatment, and no documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement following previous epidural injections. In the absence of such documentation, the currently requested repeat cervical epidural steroid injection is not medically necessary.