

Case Number:	CM15-0073186		
Date Assigned:	04/23/2015	Date of Injury:	12/19/2002
Decision Date:	07/30/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/16/2015

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 50-year-old female, who sustained an industrial/work injury on 12/19/02. She reported initial complaints of neck pain. The injured worker was diagnosed as having cervical spondylosis, cervicalgia, and myofascial neck and upper back pain. Treatment to date has included medication, H-wave, paraffin wax baths, transcutaneous electrical nerve stimulation (TENS) unit, and acupuncture. Currently, the injured worker complains of a flare up of the right neck and shoulder pain. Per the primary physician's progress report (PR-2) on 3/12/15, exam noted tenderness to palpation over the neck, full range of motion, worsened with extension, flexion, rotation, and lateral flexion, decreased sensation to light touch in the right arm. Current plan of care included continue acupuncture and H-wave, medication, and for epidural injection. The requested treatments include cervical epidural steroid injection (unspecified level and laterality).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (unspecified level and laterality): 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 Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

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); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electro diagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Cervical epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Cervical epidural steroid injection (unspecified level and laterality) is not medically necessary and appropriate.