

Case Number:	CM15-0077483		
Date Assigned:	04/28/2015	Date of Injury:	04/05/2011
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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: Emergency 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 injured worker is a 56 year old female patient who sustained an industrial injury on 04/05/2011. She had initial complaint of acute onset of back, neck and lower extremity pains as a result of falling and becoming unconscious. Previous diagnostic testing to include: radiography study, magnetic resonance imaging, surgical consultation, injection, and nerve conduction study. A primary treating office visit dated 03/13/2015 reported current complaint of neck, low back pain that radiates into the right buttock/hip area and down bilateral legs. The pain is worse at night time. Current medications are: Prednisone, Norco, Ambien, Sumatriptan, Diazepam, and Gabapentin. She is diagnosed with spondylolisthesis of the lumbar spine with back pain and radicular pain; multi-level degenerative cervical disc and neural foraminal stenosis with neck pain and radicular pain. She is permanent and stationary. The plan of care involved: discussion regarding attending a functional restoration program; Norco was discontinued and prescribed Buprenorphine; also take Gabapentin at HS, Naprosyn and Protonix. The physician also recommended an injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection x1, each additional level x2; cervical epidurogram x1; Insertion of cervical catheter; fluoroscopic guidance x1; IV sedation x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested Cervical Epidural Steroid Injection x1, each additional level x2; cervical epidurogram x1; Insertion of cervical catheter; fluoroscopic guidance x1; IV sedation x1, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has neck, low back pain that radiates into the right buttock/hip area and down bilateral legs. The treating physician has not documented sufficient percentage and duration of relief from previous injection nor significant positive exam findings for cervical radiculopathy. The criteria noted above not having been met, Cervical Epidural Steroid Injection x1, each additional level x2; cervical epidurogram x1; Insertion of cervical catheter; fluoroscopic guidance x1; IV sedation x1 is not medically necessary.