

Case Number:	CM15-0079892		
Date Assigned:	04/30/2015	Date of Injury:	05/24/2012
Decision Date:	11/23/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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, who sustained an industrial-work injury on 5-24-12. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia with radiculopathy and spondylosis. Medical records dated 1-5-15 indicate that the injured worker complains of breakthrough pain and stiffness in the neck and difficulty with mobilizing the neck and muscles. She reports pain and discomfort on rotation. There is no report of radiation of pain past the trapezius on either side or weakness in the arms or discomfort in the legs. There is no cranial nerve changes reported. The physical exam dated 1-5-15 reveals mild restriction in range of motion to rotation in flexion and extension. There is paraspinous tenderness noted and very mild loss of cervical lordosis. Treatment to date has included pain medication, Lidocaine patches, and acupuncture with great response, previous thoracic injections, diagnostics, off of work, home exercise program (HEP) and other modalities. Magnetic resonance imaging (MRI) of the cervical spine dated 10-22-14 reveals degenerative changes. The request for authorization date was 4-8-15 and requested service included Transforaminal Epidural Steroid Injection Cervical. The original Utilization review dated 4-15-15 non-certified the request for Transforaminal Epidural Steroid Injection Cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, epidural injections provided short term relief but if performed then the claimant should have evidence of radiculopathy. In this case, the physical findings indicate strain and pain with decreased range of motion but no signs of radiculopathy. The claimant also underwent a RF neurotomy which is indicated for those without radiculopathy. As a result, the request for cervical ESI is not medically necessary.