

Case Number:	CM14-0149698		
Date Assigned:	09/18/2014	Date of Injury:	01/19/2007
Decision Date:	10/20/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year old female. She was involved in a work related accident on 01/19/2007. The injured worker developed neck pain and upper extremity pain, secondary to repetitive activities. The injured worker ended up having epidural steroid injections to treat the neck pain and bilateral upper extremity pain. There are notes from the treating physician from January 2014 onward indicating that the injured worker has persistent neck pain which radiated into the bilateral upper extremities. Cervical magnetic resonance imaging from June 2014 noted multiple level degenerative changes with stenosis at multiple levels. However, there were no overt neurocompressive lesions identified. In July 2014, there were subjective complaints of pain radiating into the upper extremities. The injured worker's reflexes are intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at the right C4-5 and C5-6 levels with IV (intravenous) sedation: 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(s): 46.

Decision rationale: Based on the exam findings, the injured worker does not have any objective findings supportive of cervical radiculopathy. In addition, the magnetic resonance imaging does not detail any neurocompressive condition. The electromyogram /nerve conduction velocity testing had not been completed. The injured worker also has had prior injections of this type over the course of this claim. However, there are no details about efficacy with the injections. Given the available clinical data and guidelines, the request for transforaminal epidural steroid injection at the right C4-5 and C5-6 levels with IV (intravenous) sedation is not medically necessary and appropriate.