MAXIMUS Federal Services

Case Number:	CM13-0039658		
Date Assigned:	12/20/2013	Date of Injury:	03/15/2012
Decision Date:	08/15/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/08/2013

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 California. 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 applicant filed a claim for chronic neck pain reportedly associated with an industrial injury of March 15, 2012. Thus far, the applicant has been treated with the following, analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; electrodiagnostic testing of November 8, 2012, notable for a chronic C6-7 radiculopathy, per the claims administrator; and at least 24 sessions of postoperative physical therapy, per the claims administrator. Overall rationale was sparse and comprise of a few sentences. The applicant's attorney subsequently appealed. In a progress note date March 25, 2014, the applicant was described as having persistent complaints of chronic neck pain, 8/10. The applicant was reportedly biking two hours a day and lost 40 pounds, it was stated. The applicant was nevertheless placed off of work, on total temporary disability. The attending provider stated that he did not expect the applicant to return to work for the next six months. Attending provider stated that there is a question as to whether or not the applicant was a candidate for redo operation at C6-7 versus extension and fusion to C5-6. The applicant was apparently approximately moving to southern California and was searching for another neurosurgeon to transfer care to. On September 18, 2013, the applicant was described as having persistent complaints of cervical stiffness. The applicant reported that numbness and dysesthesias about the left arm had subsided and were limited to once weekly and were now minor. The attending provider stated that the applicant might have adjacent level disease at C5-6 level above the C6-7 fusion. C5-6 transforaminal epidural steroid injection was sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT C5-C6 CERVICAL EPIDURAL STEROID: 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 topic Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, ESIs are indicated in the treatment of radiculopathy. If the applicant did not have any significant, active radicular symptoms on or around the date of the request, it is unclear why ESI therapy was being sought. It is further noted that the 46 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that ESI therapy should be offered in conjunction with other rehabilitation efforts, including a home exercise program. In this case, however, the attending provider ultimately concluded that rehabilitation was unsuccessful and that the applicant was, in fact, a candidate for revision and/or extension of earlier cervical spine surgery. Since one of the ultimate goals of the epidural steroid injection therapy is to avoid the need for surgery, it is unclear why an ESI is being sought here as the attending provider ultimately made a decision to pursue surgical remedy in favor of further conservative treatment, including the purposed ESI. Therefore, the request was not medically necessary, for all the stated reasons.