

Case Number:	CM15-0002335		
Date Assigned:	01/13/2015	Date of Injury:	05/23/2013
Decision Date:	03/16/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/06/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 who reported an injury on 05/23/2013 due to cumulative trauma. Her diagnoses include cervical sprain/strain, herniated nucleus pulposus of the lumbar spine, status post left knee arthroscopy, sprain/strain of the right knee, prior left tibial plateau fracture, prior right shoulder Bristow procedure, disc bulge at the C5-6, and disc bulge at the C6-7, contusion to the right parietal region of the head secondary to a recent fall, and contusion to the right buttocks secondary to a recent fall. Past treatments included chiropractic treatment, pain management, medications, and injections. Diagnostic studies included an unofficial cervical MRI performed on 09/25/2014 revealing a 3 mm to 4 mm disc protrusion at the C4-6 and C6-7 with a C nerve root compromise noted at both levels bilaterally. A facet arthropathy bilaterally at the C6-7. A 5 mm anterior disc osteophyte complex was also noted at the C5-6 and C6-7 with a 4 mm to 5 mm anterior disc osteophyte complex. On 11/03/2014, the injured worker presented for a followup status post a fall. The injured worker complained of increased low back pain, increased left knee pain, left shoulder soreness, sacral pain, and coccyx pain from the fall. The injured worker also complained of neck pain that radiated into her upper back. The physical examination of the cervical spine revealed tenderness in the bilateral paracervicals and trapezius. A positive Spurling's was noted with decreased sensation of the right distribution at C5-6. The cervical active range of motion was noted with flexion at 40 degrees, extension at 50 degrees, and lateral rotation at 50 degrees bilaterally. Her relevant medications included Norco, ibuprofen, and Soma. The treatment plan included C5, C6 & C7 epidural corticosteroid injections under fluoroscopic guidance, and post injection follow up

evaluation with a physiatrist (cervical). A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5, C6 & C7 Epidural Corticosteroid injections under Fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Workers Compensation TWC

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

Decision rationale: The request for C5, C6 & C7 epidural corticosteroid injections under fluoroscopic guidance is not medically necessary. According to the California MTUS Guidelines, there is insufficient evidence to make any recommendations for the use of epidural steroid injections to treat radicular cervical pain. The injured worker was noted to have cervical pain complaints. However, the guidelines do not recommend the use of epidural steroid injections to treat radicular cervical pain as there is insufficient evidence to support its use. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Post Injection follow up evaluation with a physiatrist (cervical): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Official Disability Guidelines (ODG), Pain Procedure

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The request for post injection follow up evaluation with a physiatrist (cervical) is not medically necessary. According to the California MTUS Guidelines, psychological evaluations are generally accepted and are used in pain problems but also more widespread use in chronic pain populations. In addition, the guidelines state that psychosocial evaluations should help determine if further psychosocial interventions are indicated. However, concurrent epidural steroid injection request for the cervical spine at the C5, C6, and C7 levels was not supported. As such, the current request for a post injection follow up evaluation with a physiatrist is also not supported. As such, the request is not medically necessary.