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| Case Number: | CM15-0009491 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 06/14/2013 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 12/18/2014 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on 6/14/2013 due to a motor vehicle accident. The diagnoses have included lumbar degenerative disc disease with herniated nucleus pulposus and annular tear, cervical degenerative disease with bilateral upper extremity radiculopathy, myospasm, myofascial trigger points and depression. Treatment to date has included lumbar epidural steroid injection (2/2014), medications, and activity modification. EMG (electromyography)/NCV (nerve conduction studies) dated 12/03/2014 revealed mild acute L5 radiculopathy on the left. Magnetic resonance imaging (MRI) of the cervical spine dated 4/15/2014 revealed disc desiccation at C5-6. There is bilateral foraminal exiting zone compromise and facet joint hypertrophy. Currently, the Injured Worker complains of cervical pain with radiation to the bilateral upper extremities and lumbar pain with radiation into the bilateral lower extremities. Pain is rated as a 5/10 and describes it as aching and tingling. Objective findings included myospasm with myofascial trigger points to bilateral levator scapulae, trapezius rhomboids and cervical paraspinals. There is decreased range of motion. Lumbar spine examination revealed myospasm with myofascial trigger points and referral pattern to bilateral lumbosacral paraspinal. There is decreased range of motion. On 12/18/2014, Utilization Review non-certified a request for bilateral C5-C6 catheter directed epidural steroid injection (ESI) noting that the records do not indicate significant conservative care as recommended by the guidelines in the form of physical therapy/rehab. The MTUS was cited. On 1/16/2015, the injured worker submitted an application for IMR for review of bilateral C5 and C6 catheter directed ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5 and C6 Catheter-Directed Cervical Epidural Steroid Injection (ESI): 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, Neck and Upper Back Complaints, pages 174-175, and 181, Table 8-8.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not clearly established here. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy collaborated with imaging. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged for this chronic injury. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in clinical findings or progression in functional status. The Bilateral C5 and C6 Catheter-Directed Cervical Epidural Steroid Injection (ESI) is not medically necessary and appropriate.