

Case Number:	CM15-0101159		
Date Assigned:	06/03/2015	Date of Injury:	03/17/2014
Decision Date:	07/08/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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, Hawaii
 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 32 year old male, who sustained an industrial injury on 03/17/2014. He has reported subsequent neck pain and was diagnosed with cervical disc disease, cervical radiculopathy and cervical facet syndrome. Treatment to date has included oral pain medication, physiotherapy, chiropractic manipulative therapy and a home exercise program. In a progress note dated 04/17/2015, the injured worker complained of neck pain. Objective findings were notable for decreased lordosis, moderate tenderness to palpation and spasms of the cervical paravertebral muscles, positive bilateral axial head compression and Spurling's sign, tenderness over the cervical facets at C4-C7, decreased range of motion of the right cervical spine and diminished sensation along the C6 and C7 dermatomes bilaterally. A request for authorization of bilateral C5-C6 and C6-C7 transfacet epidural steroid injection was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C6 and C6-7 transfacet epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5;181,Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The patient presents with pain affecting the neck. The current request is for Bilateral C5-C6 and C6-7 transfacet epidural steroid injection. The treating physician report dated 1/20/15 (92B) states, "I am requesting authorization for bilateral C5-C6 and C6-C7 transfacet epidural steroid injection x2. The patient has radicular symptoms on physical examination as well as neural foraminal stenosis and nerve root compression on MRI. He has failed conservative treatment including physical therapy, chiropractic treatment, oral medications, rest, and home exercise program for more than six weeks over the past 12 months." The MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided, show that the patient has received one previous ESI at the C5-C6 and C6-C7 levels and reported a 50% improvement of pain as well as an increased range of motion and decreased radicular symptoms (160B). In this case, the patient presents with neck pain that radiates to the bilateral shoulders associated with numbness and tingling in the bilateral upper extremities. Furthermore, the diagnoses of cervical radiculopathy is corroborated by an MRI dated 10/15/14 (91B) which shows, severe canal stenosis and moderate-to-severe bilateral neural foramina stenosis at C5-C6, as well as mild left to moderate right neural foraminal stenosis at the C6-C7 level. The current request satisfies the MTUS guidelines as outlined on page 46. The current request is medically necessary.