

Case Number:	CM15-0101167		
Date Assigned:	06/03/2015	Date of Injury:	09/19/2013
Decision Date:	07/08/2015	UR Denial Date:	05/15/2015
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 54 year old male with an industrial injury dated 09/19/2013. The mechanism of injury is documented as driving a forklift, backing up and crashed onto the ramp resulting in pain in neck and lower back. His diagnoses included lumbosacral radiculopathy and brachial neuritis or radiculitis. Prior treatments included physical therapy (16 visits), anti-inflammatories, Tylenol and muscle relaxants. In 2006 he had a prior industrial injury to his low back. He returned back to work without any problems after that injury. He presents on 12/03/2014 with complaints of neck pain radiating to his left arm and back pain radiating to his left leg. He rated the pain as 6/10. Physical examination included a decrease in left and right lumbar side bending, decrease in left and right cervical spine rotation and tenderness in bilateral cervical paraspinous muscles, bilateral trapezius, and lower lumbar paraspinous muscles. Progress note dated 04/30/2015 noted the injured worker continued to have pain and spasm of the neck along with headaches and back pain. Also noted was weakness in the bilateral lower extremities causing difficulty with ambulation. There was decreased range of motion of the cervical and lumbar spine. Electro diagnostic studies (11/18/2014) showed bilateral carpal tunnel syndrome, mild to moderate on the right and mild on the left. There was no evidence of ulnar and radial neuropathy, brachial plexopathy or significant cervical radiculopathy. MRI of the cervical spine dated 12/06/2013 showed a midline disc bulge at cervical 4-5 and cervical 5-6. MRI of the thoracic spine dated 12/06/2013 was read as normal. MRI of lumbar spine showed a disc bulge at lumbar 4-5 and lumbar 5- sacral 1. The provider documents the injured worker has signs and symptoms consistent with cervical lumbar radiculitis. Treatment plan and recommendations

included fluoroscopically guided cervical 4-7 epidural steroid injection with monitored anesthesia care, fluoroscopically guided left lumbar 4-sacral 1 epidural steroid injection with monitored anesthesia care and return to clinic for follow up. The requested treatment is cervical 4-7 epidural steroid injection with monitored anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-7 Epidural Steroid Injection with monitored anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition, page 46, Pain, Epidural Steroid Injections (ESIs).

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 with radiation to the left arm, and the back with radiation to the left leg. The current request is for C4-7 Epidural Steroid Injection with monitored anesthesia. The treating physician report dated 2/25/15 (125B) states, "The patient complains of pain with motion, radiating to the left upper extremity". An EMG/NCV report dated 11/18/14 (222B) states, "There is no evidence of ulnar and radial neuropathy, brachial plexopathy, or significant cervical radiculopathy". MTUS Guidelines do recommend 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 guidelines further state, "No more than one interlaminar level should be injected at one session". Medical reports provided, do not show that the patient has received a previous ESI at the C4-7 levels. In this case, while the patient presents with neck pain that radiates to the left arm, the current request for an injection at 3 interlaminar levels during one session, is not supported by the MTUS guidelines. Furthermore, there was no MRI report of the cervical spine in the documents provided and the diagnoses of cervical radiculopathy was not corroborated by an EMG/NCV study performed on 11/18/14. The current request does not satisfy the MTUS guidelines as outlined on page 46. The current request is not medically necessary.