

Case Number:	CM15-0107009		
Date Assigned:	06/11/2015	Date of Injury:	04/16/2014
Decision Date:	07/15/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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, 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 57 year old male, who sustained an industrial injury on April 16, 2014. He reported a 700 pound door hit him on the head causing him to fall to the cement. The injured worker was diagnosed as having cervical sprain, cervical fracture, cervical spondylosis, cervical spine herniated nucleus pulposus (HNP), and cervical stenosis. Treatment to date has included epidural steroid injection (ESI), x-rays, physical therapy, acupuncture, MRI, and medication. Currently, the injured worker complains of constant slight to intermittent moderate and occasionally severe neck pain that radiates to the trapezius musculature bilaterally, with stiffness, tightness, and occasional noise. The Primary Treating Physician's report dated April 10, 2015, noted the injured worker's medications as Ultram ER, Nalfon, and Flexeril. Cervical spine range of motion (ROM) was noted to include flexion at 30 degrees, extension at 26 degrees, and lateral flexion 24 degrees to the left and 22 degrees to the right using a dual inclinometer. The treatment plan was noted to include a denied request for authorization for an electromyography (EMG) of the upper extremities and physical therapy for the cervical spine, with medications dispensed. On May 7, 2015 the Primary Treating Physician's Medical Legal Supplemental report, noted a recent Agreed Panel Qualified Medical Examiner report from April 8, 2015, with agreement in the treatment recommendations for an electrodiagnostic study of the upper extremities, physical therapy, and cervical epidural steroid injections (ESIs). A progress report dated May 7, 2015 indicates that the patient has undergone epidural steroid injections previously and recommends electrodiagnostic studies. Additional physical therapy is also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Epidural Steroid Injection at the C3-C4 levels: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy, no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy at all of the levels requested, no documentation of failed conservative treatment (as additional PT is being recommended), and no documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement following previous epidural injections. In the absence of such documentation, the currently requested repeat cervical epidural steroid injection is not medically necessary.