

Case Number:	CM15-0015090		
Date Assigned:	03/09/2015	Date of Injury:	02/08/1991
Decision Date:	04/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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 (IW) is a 69 year old male who sustained an industrial injury on 02/08/1991. He has reported pain in the neck, back, left shoulder, and right knee with muscle spasms and stiffness. Diagnoses include chronic low back pain secondary to multilevel lumbosacral degenerative disk disease status post L1 laminectomy, chronic neck pain secondary to cervical degenerative disk disease, status post anterior cervical fusion at C5-C6, history of foraminal stenosis, and neuropathic pain. Treatment to date include medications of Amrix 15 mg or cyclobenzaprine 10 mg for muscle spasms as needed, and oxycodone APAP 10/325 mg one tablet as needed for pain. A progress note from the treating provider dated 11/19/2013 indicates the IW has been "just miserable" with severe muscle spasms, stiffness and difficulty sleeping at night. The treatment plan is to request authorization for updated cervical and lumbar MRI to rule out spinal instability, and follow up in one month. On 12/31/2014 Utilization Review non-certified a request for Cervical epidural injection with fluoroscopy, contrast and medication, midline or interlaminar approach, C7-T1 level. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection with fluoroscopy, contrast and medication, midline or interlaminar approach, C7-T1 level: 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 Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with chronic low back and neck pain with sleep difficulty. The request is for cervical epidural injection with fluoroscopy, contrast and medication midline or interlaminar approach C7-T1 level on 12/05/14. Only one progress report from 11/19/13 is provided. The work status of patient is permanent and stationary per 11/19/13 report. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing". According to the utilization review letter dated 12/31/14, the patient underwent medial branch blocks at C3, C4, C5, and C6 on 10/13/14 and "the pain is worse status post the procedure." Per 11/19/13 report, the treater noted that the "lumbar and cervical x-rays revealed degenerative findings in the scoliotic spine with mid chronic multilevel spondylolisthesis" In this case, no dermatomal distribution of radicular symptoms is reported. The patient is s/p C5-6 fusion and no new nerve root potential lesions are noted on radiographic findings. Only degenerative changes are noted. There is no electrodiagnostic studies provided or discussed that show radiculopathy either. Furthermore, MTUS p46 also states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request IS NOT medically necessary.