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| Case Number: | CM15-0019773 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 10/10/2013 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/20/2015 |
| Priority: | Standard | Application Received: | 02/02/2015 |

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: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on October 10, 2013. He has reported a cumulative trauma injury. The mechanism of injury is unknown. The diagnoses have included cervical spine strain/sprain, thoracic and lumbar spine strain/sprain with myofascitis and radiculopathy. Treatment to date has included diagnostic studies, epidural steroid injection and medication. He reported improvement of his low back pain after the injection but his low back symptoms continued to persist. On December 29, 2014, the injured worker complained of dull, aching neck pain associated with headaches. The pain is rated a 7 on a 1-10 pain scale without medications and as a 6/10 with medications. The pain is aggravated by neck movement and relieved with rest and medications. He also complained of low back pain rated a 6/10, middle back pain rated a 6/10 and a pain in both wrists also rated a 6/10 on the pain scale. He reported loss of sleep due to the pain. Physical examination of the cervical spine revealed nuchal tenderness palpable bilaterally and tenderness and myospasm palpable over bilateral paracervical muscles and bilateral trapezius muscles. The Spurling's and cervical distraction tests were positive bilaterally. There was decreased cervical range of motion in all planes due to end range neck pain. On January 20, 2015, Utilization Review non-certified cervical epidural steroid injection under fluoroscopic guidance and IV sedation, noting the CA MTUS Guidelines. On February 2, 2015, the injured worker submitted an application for Independent Medical Review for review of cervical epidural steroid injection under fluoroscopic guidance and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injections (ESIs) under fluroscopic guidance and IV: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The request for a cervical epidural steroid injection is considered not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there no deficits of upper extremity motor strength and reflexes on exam. The patient had an MRI which did not support findings of radiculopathy. The patient has been treated with conservative measures including physical therapy. The chart does not show a failure to improve after conservative treatment modalities. Therefore, the request is considered not medically necessary.