

Case Number:	CM15-0132540		
Date Assigned:	07/20/2015	Date of Injury:	10/03/2014
Decision Date:	08/19/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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 is a 59 year old male, who sustained an industrial injury on 10/03/2014. He reported being struck by a pallet containing a stack of 30 boxes. The injured worker was diagnosed as having chronic pain syndrome and cervical post-laminectomy syndrome. Treatment to date has included diagnostics, cervical spinal surgery in 2010 and 2012, carpal tunnel surgery in 2011 and 2012, physical therapy, and medications. Currently, the injured worker complains of neck pain and worsening radiculopathy to the bilateral upper extremities. Medications included Gabapentin, Methylprednisolone, and Oxycodone-Acetaminophen. He was working, light duty. Exam of the cervical spine noted tenderness of the paracervicals, trapezius, and the rhomboid. Range of motion was decreased and painful. Diminished reflexes were noted of the biceps, brachioradialis, and triceps. Sensation was documented as normal. The treatment plan included a cervical epidural steroid injection, C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C6-C7: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The 58 year old patient presents with constant neck pain and increasing radiculopathy in bilateral upper extremities, as per progress report dated 06/02/15. The request is for CERVICAL EPIDURAL STEROID INJECTION C6-C7. There is no RFA for this case, and the patient's date of injury is 10/03/14. The patient is status post C2-3 cervical fusion in 2012, status post C3-4 cervical displacement in 2012, and status post carpal tunnel release in 2013 and 2012, as per progress report dated 06/02/15. The pain is rated at 3/10 with medications and 9/10 without medications, which included Oxycodone-Acetaminophen and Neurontin. Diagnoses included cervical post-laminectomy syndrome and chronic pain syndrome. The patient is working on modified duty, as per the same progress report. MTUS has the following regarding ESIs, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections... In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." As per progress report dated 04/07/15, the patient was stable until he re-injured himself last year. His pain, numbness, and tingling are worse now. None of the reports document prior ESI of the cervical spine. The patient is suffering from neck pain radiating to bilateral upper extremities, as per progress report dated 06/02/15. As per report dated 03/24/15, the patient has decreased sensation at C6, C7 and C8 dermatomes on the right. Spurling's test was positive on the right on 10/10/14, as per progress report dated 10/27/14. MRI of the cervical spine, dated 03/11/15, included moderate canal stenosis at C5-6, severe right and moderate left neural foraminal narrowing at C5-6 and C6-7, and bilateral neural foraminal narrowing at C7-T1. Given the clinical evidence of radiculopathy along with corroborating imaging studies, the request for cervical ESI is reasonable and IS medically necessary.