

Case Number:	CM15-0138909		
Date Assigned:	07/28/2015	Date of Injury:	07/27/2009
Decision Date:	08/25/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/17/2015

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 48 year old male, who sustained an industrial injury on July 27, 2009, incurring upper back and bilateral shoulder injuries after heavy lifting. He was diagnosed with cervical disc disease, cervical disc protrusion, cervical spondylosis, cervical stenosis and cervical radiculopathy. Magnetic Resonance Imaging of the cervical spine revealed central stenosis and disc protrusion. He underwent a cervical spinal fusion in 2012. Treatment included anti-inflammatory drugs, pain medications, rest, ice, heat, chiropractic sessions, physical therapy and injections, Electromyography studies and work restrictions. Currently, the injured worker complained of sharp, burning, shooting pain in his neck, right arm and left arm radiating into the lower extremities. The pain is aggravated by standing, sitting, bending, lifting and driving. He complained of bilateral hand pain with numbness. He noted increased anxiety and depression from loss of sleep secondary to chronic pain. The treatment plan that was requested for authorization included cervical transforaminal epidural injection with intra-articular facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical transforaminal epidural injection with intraarticular facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies not provided here. Guidelines do not recommend concurrent treatment of epidural and facet injections as response cannot be defined. Submitted reports have not demonstrated any specific neurological deficits with correlating diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Cervical epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The patient is s/p cervical fusion and current request has no specified level of injections. Criteria for the epidurals have not been met or established. The Cervical transforaminal epidural injection with intra-articular facet injection is not medically necessary and appropriate.