

Case Number:	CM15-0139384		
Date Assigned:	07/29/2015	Date of Injury:	04/22/2014
Decision Date:	08/25/2015	UR Denial Date:	06/22/2015
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: Massachusetts

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 58-year-old male who sustained an industrial injury on 4-22-14. In a progress report dated 6-3-15, the treating physician notes joint pain, abnormal gait, numbness, and difficulty sleeping. Pain is rated at 5-7 out of 10. The neck remains the same as the last exam with moderate constant, dull pain. The treatment plan notes medications as Anaprox and to discontinue Fexmid and start Zanaflex, continue the home exercise with ice and heat application, and continue use of bracing-support. Work status is that he is retired. The requested treatment is trans facet epidural steroid injection bilaterally at C4, C5 and C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trans facet epidural steroid injection bilaterally at C4, C5 and C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in April 2014 and continues to be treated for radiating neck pain. An MRI of the cervical spine in September 2014 included findings of multilevel cervical spondylosis with left lateralized foraminal compromise. When seen, he was having ongoing neck pain with stiffness and bilateral upper extremity radicular symptoms. Pain was rated at 5-7/10. There was cervical spine and trapezius muscle tenderness with increased muscle tone and spasms. There was decreased upper extremity sensation bilaterally at C5 and C6. Authorization for a three level bilateral transforaminal cervical epidural steroid injection procedure is being requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased upper extremity sensation and imaging is reported as showing multilevel disc protrusions with left lateralized findings that correlate with the claimant's symptoms. However, criteria also include that no more than two nerve root levels be injected using a transforaminal approach and in this case a three level procedure is being requested. The request is not medically necessary.