MAXIMUS Federal Services

Case Number:	CM15-0140413		
Date Assigned:	07/30/2015	Date of Injury:	09/12/2012
Decision Date:	08/28/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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, 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 49 year old male who sustained an industrial injury on 9.12.12 the result of a motor vehicle accident. Of note he had a bike accident in 2009 where he fell from the bike and he was hit by a car in 2015. He currently complains of neck pain that radiates into the left shoulder and arm with numbness and paresthesia in the hand; occipital headaches with nausea and mild photosensitivity. His pain level has increased and is 5-6 out of 10. On physical exam of the cervical spine, there was left trapezius tenderness on axial compression of the cervical spine, decreased range of motion. He finds it difficult to perform activities of daily living due to pain. Medications were not specifically identified. Diagnoses include degeneration of cervical intervertebral disc; cervical disc displacement; cervical radiculitis. Treatments to date include ice; medications; heat; cervical epidural steroid injection (1.9.15) with greater than 60% relief enabling him to perform activities of daily living without discomfort (per 6.4.15 note); physical therapy. Diagnostics include MRI of the cervical spine (5.14.15) showing disc protrusion at C2-6; electromyography (5.11.15) showing positive entrapment neuropathy of median nerve bilaterally (carpal tunnel syndrome) cubital tunnel syndrome; MRI thoracic spine (5.14.15) showing small node formation. In the progress note dated 6.4.15 the treating provider's plan of care included a request for cervical epidural at C5-6 with monitored anesthesia care as activities of daily living are difficult to perform due to daily neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 cervical ESI with monitored anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is indication that previous epidural injections have provided 60% pain relief as documented on 6/4/2015, and there is documentation of functional improvement. However, the provider did not document these benefits for at least six weeks. In the absence of such documentation, the currently requested repeat epidural steroid injection is not medically necessary.