

Case Number:	CM15-0140696		
Date Assigned:	07/30/2015	Date of Injury:	07/23/2013
Decision Date:	09/03/2015	UR Denial Date:	06/25/2015
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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 62 year old male, who sustained an industrial injury on July 23, 2013. Treatment to date has included work restrictions, MRI of the cervical spine, NSAIDS and pain medications. Currently, the injured worker complains of pain in his neck with radiation of pain to the right and left arm. He reports numbness, tingling and weakness to his arms and hands. The injured worker's cervical spine range of motion is decreased and foraminal compression test is positive. The injured worker has a positive Spurling's test and has tightness and spas in the trapezius, sternocleidomastoid and straps muscles bilaterally. The diagnoses associated with the request include cervical spine sprain-strain and cervical spine disk bulges. The treatment plan includes cervical spine epidural steroid injection, and continuation of Naproxen, Tylenol #3 and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine epidural steroid injections at levels of C5-C6 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: Regarding the request for Cervical spine epidural steroid injections at levels of C5-C6 and C6-C7, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines also state no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy at the requested nerve levels, and no documentation of failed conservative treatment for cervical radiculopathy. Furthermore, it is unclear if the physician is requesting to do a transforaminal approach or an interlaminar approach since only one level with the interlaminar approach is recommended per guidelines. In the absence of such documentation, the currently requested cervical spine epidural steroid injections at levels of C5-C6 and C6-C7 is not medically necessary.