

Case Number:	CM15-0142104		
Date Assigned:	07/31/2015	Date of Injury:	11/04/2009
Decision Date:	09/04/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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, Hawaii
 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:

This 51 year old male sustained an industrial injury to the neck and right shoulder on 11-4-09. The injured worker underwent lumbar laminectomy with microdissection on 11-11-10. Magnetic resonance imaging cervical spine (6-15-15) showed a signal cervical cord lesion at C3 suggestive of focal myelomalacia and multilevel neuroforaminal stenosis. Recent treatment consisted of medication management. In a visit note dated 6-23-15, the injured worker complained of neck pain with radiation down both arms, rated 9.5 out of 10 on the visual analog scale. No physical exam was remarkable for was documented. The injured worker expressed frustration because his medications continued to be denied. Current diagnoses included cervical root lesion, post cervical laminectomy syndrome and cervical pain. The treatment plan included continuing medications (Cialis, Oxycodone, Oxycontin and Brintellix), requesting acupuncture and requesting cervical epidural steroid injection at C7-T1 given magnetic resonance imaging findings of neuroforaminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C7-T1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Epidural steroid injection (ESI).

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

Decision rationale: The patient presents with neck pain with radiation down both arms, rated 9.5 out of 10 on the visual analog scale. The current request is for cervical epidural steroid injection at C7-T1. The treating physician states, in a report dated 06/23/15, "Request C7-T1 CESI given MRI findings of neuroforaminal stenosis and PE findings consistent with radiculopathy." (22B) MRI of the Cervical Spine Date: 06/15/2015. Significant findings include: C6-7 moderate degenerative with circumferential 2 mm bulge & uncinata hypertrophy moderately narrowing both neural foramina. T1 to circumferential 3 mm bulge moderately narrowing neural foramina. (17B) The MTUS guidelines state, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the treating physician has documented radiculopathy and positive cervical MRI findings with no prior history of cervical epidural steroid injection. The current request is medically necessary.