

Case Number:	CM15-0143462		
Date Assigned:	08/07/2015	Date of Injury:	11/28/2008
Decision Date:	09/14/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 28, 2008. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for a cervical epidural steroid injection. The claims administrator referenced an RFA form received on June 16, 2015 in its determination. The applicant's attorney subsequently appealed. On February 3, 2015, the applicant reported ongoing complaints of neck and shoulder. The applicant had undergone earlier left shoulder arthroscopy and earlier cervical fusion surgery at the C5 through C7, levels, it was reported. Hyposensorium about the left arm in the C6 distribution was reported. The applicant's work status was not furnished. The applicant was using Aleve, estrogen, and Ambien, it was reported. On March 17, 2015, the applicant was asked to pursue multilevel revision fusion procedure. On June 16, 2015, the applicant reported ongoing complaints of neck pain radiating to the left arm. Paresthesias about the left arm were also reported. The applicant's BMI was 22. The applicant was asked to pursue a multilevel cervical discectomy fusion surgery at the C4-C5, C5-C6, and C6-C7 levels. The attending provider then stated, somewhat incongruously, that he had recommended electrodiagnostic testing of the bilateral upper extremities and a C4-C5 epidural steroid injection. Left upper extremity from 4-5/5 was reported versus 5/5 strength appreciated throughout the right upper extremity. Hyposensorium about the left upper extremity was appreciated with intact strength about the right upper extremity. Cervical MRI imaging of March 11, 2015 was notable for disc protrusion at C4-C5, which had decreased since earlier MRI

imaging in 2012. The applicant had undergone a fusion at C5 through C7 levels. Mild canal narrowing at the C4-C5 was appreciated without associated cord impingement. No other significant canal or foraminal narrowing was demonstrated.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 Epidural steroid injection Qty 1: 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 (ESIs) Page(s): 46.

Decision rationale: No, the proposed C4-C5 epidural steroid injection was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radiculopathy, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that radiculopathy should be corroborated by imaging studies and/or electrodiagnostic testing. Here, however, the cervical MRI imaging of March 11, 2015 was notable for commentary that a previously demonstrated disk protrusion at C4-C5 had, if any, decreased in size. Mild canal narrowing was appreciated at that level without cord impingement. It did not appear that the applicant had radiographic corroboration of radiculopathy at level in question, C4-C5. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that one of the purposes of the epidural steroid injection therapy is to avoid surgery. Here, however, the attending provider seemingly suggested on June 16, 2015 that the applicant was in fact considering/contemplating revision cervical fusion surgery. It was not clearly stated, in short, why cervical epidural steroid injection therapy was being pursued at the C4-C5 level, (a) given the absence of significant structural at that level and (b) given the attending provider's comment that the applicant was intent on pursuing spine surgery in any case. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does establish a role for up to two diagnostic epidural blocks, here, however, the attending provider did not explicitly state on June 16, 2015 that the applicant was intent on pursuing a diagnostic block at the level in question. Therefore, the request was not medically necessary.