

Case Number:	CM15-0145081		
Date Assigned:	08/06/2015	Date of Injury:	02/23/1996
Decision Date:	09/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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

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 60 year old male, who sustained an industrial injury on 2-23-1996. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical post laminectomy syndrome, cervical radiculopathy, shoulder pain, and cervical facet syndrome. Treatments to date include activity modification, medication therapy, joint injections, home exercise, and cervical epidural injection, last provided on 6/26/13 noted to have excellent pain relief for greater than 9 months. Currently, he complained of increased neck and low back pain. Pain was rated 8 out of 10 VAS with medications and 10 out of 10 without medications. On 6-25-15, the physical examination documented cervical tenderness, muscle spasm, positive Spurling's maneuver and decreased range of motion. There was tenderness to the facet joints. The plan of care included a request to authorize a cervical epidural steroid injection at C7 and T1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI C7 and T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Criteria for the use of Epidural steroid injections Page(s): 46, 47.

Decision rationale: This patient presents with complaints of increase in pain in the neck and lower back. The current request is for a Cervical ESI C7 and T1. The RFA is dated 07/09/15. Treatments to date include cervical surgery, activity modification, medication therapy, joint injections, home exercise, and cervical epidural injections. The patient is currently not working. The MTUS guidelines has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing." According to progress report 06/25/15, the patient present with complaints of increase in neck and back pain. Examination of the cervical spine revealed straightening of the spine with loss of normal cervical lordosis, restricted ROM, hypertonicity, spasms and tight muscle band noted on the right side. Cervical facet loading is positive on the right and there is tenderness in the right posterior lateral facet joints in the C3-5 area. CT scan from 10/07/11 revealed osteoporotic changes and subtle lucencies within the C6-7 and C7-T1 bone graft centrally. There was mild kyphotic annulation of the fusion with a patent posterior spinal canal. EMG/NCV of the upper extremities performed on 06/21/11 revealed "evidence of right C5/6 chronic radiculopathy". The patient has undergone CESI at C7-T1 on 09/26/12 and 06/26/13. The treater reported that the last CESI provided "excellent pain relief for the axial neck pain for more than 9 months". In this case, there is no radiculopathy documented on examination and the patient does not report a dermatomal distribution of pain. CT scan and EMG/NCV testing from 2011 do not corroborate radiculopathy at the requested C7-T1 level, either. In addition, MTUS guidelines state that there is insufficient evidence of the efficacy of cervical ESI to treat cervical radicular pain. The request is not medically necessary.