

Case Number:	CM15-0145154		
Date Assigned:	08/06/2015	Date of Injury:	01/06/1981
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
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: Emergency 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 was a 76 year old female, who sustained an industrial injury, January 6, 1981. The injured worker previously received the following treatments cervical spine MRI, heat and ice treatments, gentle stretching and exercise program which can be tolerated without exacerbating the pain. The injured worker was diagnosed with cervical radiculopathy, C6-C7 fusion, degenerative disc disease around the fusion from moderate to severe, pain radiating to the right arm and degeneration of the cervical spine. According to progress note of June 17, 2015, the injured worker's chief complaint was neck pain radiating down the left arm. The injured worker reported that the pain significantly affected relationships, mood, sleeping patterns, work concentration and overall functioning. The physical exam noted tenderness and tightness with palpation around the cervical region. There was decreased range of motion. The Spurling's test was positive. The cervical nerves II through XII were grossly intact. The motor strength was 5 out of 5 in all major muscle groups. The sensory exam was normal. The MRI of the cervical spine on April 29, 2015, showed multilevel degenerative disc disease with post C6-C7 anterior fusion with instrumentation, moderate foraminal stenosis at C7-T11, severe right and moderate left foraminal stenosis at C5-C6, diffuse facet hypertrophy throughout the cervical region. The treatment plan included a steroid cervical epidural injection at the bilateral C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection, Bilateral C5-C6, Qty 1: Upheld

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

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

Decision rationale: The requested Cervical Epidural Steroid Injection, Bilateral C5-C6, Qty 1, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has neck pain radiating down the left arm. The injured worker reported that the pain significantly affected relationships, mood, sleeping patterns, work concentration and overall functioning. The physical exam noted tenderness and tightness with palpation around the cervical region. There was decreased range of motion. The Spurling's test was positive. The cervical nerves II through XII were grossly intact. The motor strength was 5 out of 5 in all major muscle groups. The sensory exam was normal. The MRI of the cervical spine on April 29, 2015, showed multilevel degenerative disc disease with post C6-C7 anterior fusion with instrumentation, moderate foraminal stenosis at C7-T11, severe right and moderate left foraminal stenosis at C5-C6, diffuse facet hypertrophy throughout the cervical region. The treating physician has not documented exam evidence of cervical radiculopathy such as deficits in dermatomal sensation, muscle strength or reflexes. The criteria noted above not having been met, Cervical Epidural Steroid Injection, Bilateral C5-C6, Qty 1 is not medically necessary.