

Case Number:	CM15-0149435		
Date Assigned:	08/12/2015	Date of Injury:	07/09/2013
Decision Date:	09/09/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	07/31/2015

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, Pain Management

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 66-year-old male, who sustained an industrial injury on 7-9-2013. The mechanism of injury was a trip and fall. The injured worker was diagnosed as having a prior cervical 5-7 fusion, failed back surgery syndrome, axial spine pain and cervical radicular pain. Treatment to date has included surgery, physical therapy, and chiropractic care and medication management. In a progress note dated 6-18-2015, the injured worker complains of neck pain with radiation to the right upper extremity rated 8-10 out of 10. Physical examination showed limited cervical range of motion and tenderness on the axial spine and left upper extremity. The treating physician is requesting left cervical 4-5 transforaminal epidural steroid injection with fluoroscopy. An MRI of the cervical spine dated April 15, 2014 shows a disk protrusion at C4-5, which causes moderate to severe bilateral foraminal stenosis. A progress report identifies diminished sensation in the right 4th and 5th dermatomes. Notes indicate that the patient has attempted acupuncture in physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left C4-5 transforaminal epidural steroid injection with fluoroscopy: Overturned

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 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for left C4-5 transforaminal epidural steroid injection with fluoroscopy, 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. Within the documentation available for review, there are subjective complaints and physical examination findings supporting a diagnosis of radiculopathy, with an MRI study supporting a diagnosis of radiculopathy at the proposed treatment level. Additionally, there is documentation of failed conservative treatment. As such, the currently requested left C4-5 transforaminal epidural steroid injection with fluoroscopy is medically necessary.