

Case Number:	CM15-0163948		
Date Assigned:	09/01/2015	Date of Injury:	09/02/2013
Decision Date:	10/05/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/20/2015

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, Illinois

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 injured worker is a 57 year old male who sustained an injury on 9-2-13. Treatment has included hot, cold packs, acupuncture, and physical therapy. 6/3/15 QME reports complaints of constant headache rated at 10 out of 10; cervical spine pain is constant, rated as 10 out of 10 and is better with rest, medications and physical therapy which provides temporary relief. The quality of the pain is sharp, throbbing and burning. The IW can only lift very light objects; has difficulty climbing one flight of stairs; can sit only 15 minutes at a time; stand or walk for less than 15 minutes. The Initial Office Visit report dated 7/17/15 documents complaints of neck and bilateral upper extremity pain, numbness and tingling. The IW has failed conservative management; MRI on 11-13-13 which did show severe degenerative spondylosis at C5 and C7 causing high-grade spinal stenosis; Electrodiagnostic studies showed AC joint arthrosis. Currently the symptoms are constant neck pain radiating up to the left cervicobrachial region with radiation of pain, numbness and tingling in to the 5th and second digits; minor symptoms in the right upper extremity. Medications include Tizanidine, Ambien, Losartan and Amlodipine. Physical examination reports ambulating in the office without difficulty; neck flexion forward around 30 degrees and extends 20 degrees; can rotate and tilt to the left and right to around 20 degrees; spasm and guarding upon palpation in the cervical spine; diminished biceps reflex on the left at 1+, otherwise a right 2+ biceps reflex, bilateral 2+ triceps reflex, and normal brachial radialis and ankle reflexes bilaterally. The motor examination shows: strength to arm abduction; forearm flexion-extension; thumb opposition and finger abduction. Diagnoses include cervical spinal stenosis; cervical disc displacement without myelopathy. Work status is sedentary work with no

lifting greater than 10 pounds and no at or above shoulder motions. Current requested treatments cervical epidural steroid injection x 3, cervical epidurogram, and insertion of cervical catheter with fluoroscopic guidance and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection x 3, cervical epiduragram, insertion of cervical catheter with fluroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 9-2-13. The medical records provided indicate the diagnosis of cervical spinal stenosis; cervical disc displacement without myelopathy. Work status is sedentary work with no lifting greater than 10 pounds and no at or above shoulder motions. Treatments have included hot, cold packs, acupuncture, and physical therapy. The medical records provided for review do not indicate a medical necessity for Cervical epidural steroid injection x 3, cervical epiduragram, insertion of cervical catheter with fluroscopic guidance and IV sedation. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The MTUS additionally states that current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The medical records indicate the injured worker has failed conservative treatment, the records indicate radicular findings on examination. The request for three injections is not medically necessary as it exceeds the guidelines recommendation.