

Case Number:	CM15-0167391		
Date Assigned:	09/08/2015	Date of Injury:	10/08/2013
Decision Date:	10/07/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/25/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 39 year old male who sustained an industrial injury on 10-8-13. The mechanism of injury is that his truck went over an embankment and he was ejected from the vehicle, sustaining fractures of his neck, ribs, left hip, lacerations of the left upper and lower extremities, left knee injury, and liver laceration per a panel agreed medical examiner note dated 8-4-15. He has been off work since the injury. Treatment has included hospitalization, multiple surgeries, medication, counseling diagnostic studies, and physical therapy. Current medications are Gabapentin and Hydrocodone. Previous surgical history includes the left hip -2013, neck plate insert-2013, left elbow-ulnar nerve-2013, and total hip replacement left side-2014. Diagnoses per a 7-15-15 request for authorization are cervical spondylosis, brachial neuritis or radiculitis, and cervicgia. In a progress report dated 8-11-15, the treating physician notes the injured worker has had increased pain which continues to be in a radicular pattern on the left. He has had 2 prior epidural steroid injections at different levels and only the first one was effective. Pain is reported as constant and rated as a 10 out of 10. There is associated numbness and pins and needles sensation. It is noted that he is struggling to maintain pain control and rehab. He is severely depressed and needs treatment. The depression index was administered and the score was 27-27 indicating severe depression symptoms. The treatment plan is to start Effexor XR, a psychiatric referral, a trial of cervical epidural steroid with a catheter to the left C4-C5. Work status is that he is temporarily disabled-unemployed due to pain. The requested treatment is cervical epidural steroid injections, C5-C6 and C4-C5 left, with catheter and mild sedation due to anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injections, C5-C6 & C4-C5 Left, with catheter and mild sedation, due to anxiety: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Cervical epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient's file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection (he underwent a C7-T1 interlaminar ESI on June 27, 2014). There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for cervical epidural steroid injections, C5-C6 & C4-C5 Left, with catheter and mild sedation, due to anxiety is not medically necessary.