MAXIMUS Federal Services

Case Number:	CM15-0169530		
Date Assigned:	09/10/2015	Date of Injury:	03/03/2010
Decision Date:	10/07/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/28/2015

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 (IW) is a 55 year old female who sustained an industrial injury on 03/03/2010. She reported initial tingling in her legs, followed two months later by neck pain which began to radiate into both shoulders up into the upper extremities and down into the forearms and hand. The injured worker was diagnosed as having sleep disorder, arthritis, depression an situation post C5-C6 anterior cervical fusion. Treatment to date has included A C5-C6 cervical fusion (2014), acupuncture, physical therapy, and medications. Currently, the injured worker complains of pain that is nearly constant that she rates an 8 on a scale of 0-10. The pain is helped by medications which reduce her pain to a 5-6 for three to four hours. She was placed on modified duty in February 2015, and the modified duty was rescinded in the same month due to increasingly heavy work. Active voluntary range of motion of the cervical spine is approximately 50-55 degrees forward flexion, 10-15 degrees extension, and approximately 60 degrees in bilateral lateral rotation with complaints of stiffness and discomfort at extremes of motion. Motor examination demonstrates a poor effort. No focal motor weaknesses were appreciated. Deep tendon reflexes are 1-2+ bilateral biceps and 1+ bilateral brachioradialis symmetric. A post-operative MRI scan of the cervical spine was unavailable. The worker is on Gabapentin, Vicodin, and Cymbalta. A request for authorization was submitted for a Cervical Epidural steroid cervical under imaging at C4-5. A utilization review decision (07-27-2015) non-approved the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural steroid cervical under imaging at C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific neurological deficits with intact motor strength and sensation albeit poor effort without focal weakness or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Cervical epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The Cervical Epidural steroid cervical under imaging at C4-5 is not medically necessary and appropriate.