

Case Number:	CM15-0183061		
Date Assigned:	09/23/2015	Date of Injury:	02/15/2015
Decision Date:	10/28/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/17/2015

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:

This injured worker is a 58 year old female, who sustained an industrial injury on 02-15-2015. The injured worker was diagnosed as having cervical radiculopathy with three bulging disc and cervical facet arthropathy with myofascial pain. On medical records dated 08-25-2015 and 08-19-2015, subjective complaints were noted as constant, aching and very acute pain in the neck. Neck was noted to lock, have muscle spasms and feeling knotted as well. Pain increased when the injured worker looked upward and to the left or right, as well as reaching. Injured worker also noted that when laying on right side right fingers go numb. Pain radiated to neck muscle and shoulder blades. Pain was rated a 4-6 out of 10. Objective findings were noted as cervical pain revealed tenderness to palpation in the cervical musculature, facet compression distraction test was positive for report of concordant pain, cervical compression test was positive for pain spreading into the distribution of C5, C6 and C7 nerve root. A decreased sensation to light touch in the distribution of C5, C6 and C7 nerve root. Range of motion was noted as limited with complaints of pain. The injured worker underwent an MRI of the cervical spine, which revealed herniated nucleus pulposus of the cervical spine, C5-C6, and C4-C5 on 07-02-2015 which was noted submitted for this review. Treatment to date included medication, chiropractic therapy, psychiatric care and physical therapy. Current medication was listed as Norco, Robaxin, Fioricet, Oxybutynin, Brintellix, Trazadone, Acyclovir and Melatonin. The Utilization Review (UR) was dated 09-16-2015. A Request for Authorization was dated 08-25-2015 requested right C5 cervical epidural corticosteroid injection, right C6 and C7 cervical epidural corticosteroid injection and consult follow up with Dr Vance Johnson. The UR submitted for this medical

review indicated that the request for right C5 cervical epidural corticosteroid injection and right C6 and C7 cervical epidural corticosteroid injection were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5 cervical epidural corticosteroid injection: 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. Submitted reports have not demonstrated any 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 three level 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 Right C5 cervical epidural corticosteroid injection is not medically necessary and appropriate.

Right C6 and C7 cervical epidural corticosteroid injection QTY 2.00: 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. Submitted reports have not demonstrated any 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 three level 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 Right C6 and C7 cervical epidural corticosteroid injection QTY 2.00 is not medically necessary and appropriate.