

Case Number:	CM15-0186222		
Date Assigned:	09/28/2015	Date of Injury:	07/16/2014
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/22/2015

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 is a 66 year old male who sustained an industrial injury July 16, 2014. He was initially diagnosed with a left wrist fracture, underwent open reduction internal fixation surgery August, 2014, and provided medication and (12) sessions of physical therapy. Past history included break of second lower lumbar spine and minor concussion and internal injuries, resolved from a skydiving accident July 1986, prostate cancer, and myocardial infarction, right rotator cuff tear (received steroid injection in the shoulder January 2015). According to an interventional spine medicine consultation report dated August 11, 2015, the injured worker presented with complaints of constant excruciating pain in the neck which increases when he turns his head from side to side and lifting his arms. The pain radiates to the shoulders and elbows and is rated 9 out of 10. He is sleeping 4 hours a night, as pain disturbs his sleep. The physician documented an MRI of the cervical spine dated December 29, 2014, impression as; straightening of the cervical spine from C4 caudally which may represent associated spasm; 1cm mucous retention cyst-polyp in the right maxillary sinus; foramina and facets may be further assessed with CT scan of the cervical spine if clinically desirable; C3-C4- 3-4mm pseudo and or true posterior disc protrusion; C4-C5- 2mm posterior disc protrusion; C5-C6- 2mm disc protrusion; C6-C7- 3-4mm posterior disc bulge. Current medication included Tylenol, Aleve, Aspirin, Atenolol, Pravastatin, Lisinopril, Terazosin, Cetirizine, and Toprazole. Physical examination revealed; 5'9" 167 pounds; palpation revealed tenderness in the cervical musculature; facet compression test positive for concordant pain; cervical compression test positive for pain spreading into the distribution of the C5-C7 nerve root; decreased sensation to light touch C5-C7 nerve root; range of motion of the cervical spine limited due to pain; muscle stretch reflexes were present and symmetrical in bilateral triceps, biceps, and brachioradialis.

Diagnosis is documented as cervical radiculopathy with multiple disc bulges. At issue, is the request for authorization for cervical epidural corticosteroid injection. According to utilization review dated August 24, 2015, the request for a Cervical Epidural Corticosteroid Injection is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural corticosteroid: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back chapter under Epidural steroid injections.

Decision rationale: The current request is for a CERVICAL EPIDURAL CORTICOSTEROID. Treatment history include open reduction internal fixation surgery of the left wrist in August 2014, medication and physical therapy. The patient is not working. The MTUS Guidelines has the following regarding ESI under Epidural Steroid Injections (ESIs) section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." ODG guidelines, Neck and Upper back chapter under Epidural steroid injections (ESIs) state: Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. These had been recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), with specific criteria for use below. In a previous Cochrane review, there was only one study that reported improvement in pain and function at four weeks and also one year in individuals with radiating chronic neck pain. Per report 08/11/15, the patient present with "excruciating" pain in the neck, that radiates to the shoulder and elbow. Examination revealed tenderness in the cervical musculature, facet compression distraction test is positive, sensory is decreased in the C5, C6 and C7 nerve root, and range of motion limited. The treater discusses an MRI of the cervical spine from 12/29/14, which revealed straightening of the C4 with 1cm mucus retention cyst, C3-4 showed 3-4mm posterior disc bulge, C4-5 2mm, C5-6 2mm and C6-7 showed 3-4 mm posterior disc bulge. The treater states due to the patient's "continued worsening neurogenic signs and symptoms, I am requesting authorization for cervical epidural corticosteroid injection under fluoroscopic guidance targeting C5, C6 and C7". This patient presents with complaints of neck pain that "radiates" into the shoulder and elbow; however, the MRI findings are minimal and do not corroborate the examination findings. MTUS requires clear indication of radiculopathy during physical examination along with corroborating diagnostic evidence. Furthermore, ODG does not recommend cervical ESI due to "the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit." Hence, the request IS NOT medically necessary.