

Case Number:	CM15-0189601		
Date Assigned:	10/01/2015	Date of Injury:	09/18/2012
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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: 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 37 year old male who sustained an industrial injury on 9-18-12. A review of the medical records indicates he is undergoing treatment for status post cervical fusion C5-6 on 8-27-13, cervical radiculopathy, and depression. Medical records (5-4-15 to 8-17-15) indicate he continues to complain of neck pain radiating to his left arm, with numbness, and his left side. He rates his pain "8-9 out of 10". He reports that the pain worsens "when he is stressed" and states that muscles "spasm". He also complains of "feeling depressed" due to chronic pain. The physical exam (8-17-15) reveals "moderate" tenderness in the left-sided cervical paraspinal muscles and midline. Cervical range of motion is "severely limited in all planes". Diminished sensation is noted to the left 4th and 5th digits and mid forearm. Strength is noted to be "4 out of 5" diffusely throughout the left upper extremity. Spurling's sign is positive on the left. There is also "mild" tenderness to palpation of the lumbar paraspinal muscles. Lower extremity strength, sensation, and deep tendon reflexes are "within normal limits" bilaterally. Diagnostic studies have included a urine drug screen on 3-23-15, an MRI of the cervical spine on 5-20-14, and EMG-NCV of bilateral upper extremities on 8-12-15. In addition to the above-noted surgical procedure, treatment has included oral medications, acupuncture, and a cervical epidural steroid injection on 5-4-15. The injection is noted to have "reduced his neck pain and radicular pain by 50% for two months". It has also enabled him to reduce his narcotic pain medication use, drive "more comfortably", and play with his children. The injured worker reports that the pain has affected his activities of daily living by limiting his ability to exercise. He reports that he is currently (8-17-15) "unable" to exercise, which is causing him to gain weight. He also reports "difficulty spending time with his two children". Treatment recommendations include a request for authorization to repeat cervical epidural steroid injection "to help alleviate chronic neck pain and cervical radiculopathy". The utilization review (8-27-15) includes a request for epidural steroid injection to the cervical spine. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 correlating neurological deficits or remarkable diagnostics to support the epidural injections with diffuse decreased sensation and motor weakness throughout left extremity. In addition, to repeat a CESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. It is noted the patient had 50% relief for two months; however, criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs, increased work status, and decreased medical utilization. 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 no surgery planned or identified pathological lesion noted for a patient already s/p cervical fusion. The Epidural Steroid Injection for the cervical spine is not medically necessary or appropriate.