

Case Number:	CM15-0190530		
Date Assigned:	10/02/2015	Date of Injury:	10/05/1999
Decision Date:	11/13/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old female, who sustained an industrial injury on 10-5-1999. The injured worker is undergoing treatment for cervical fusion, lumbar disc displacement, failed lumbar surgery, lumbar radiculopathy, lumbar fusion, chronic pain and spinal cord stimulator with subsequent removal. Medical records dated 7-29-2015 indicate the injured worker complains of headaches, neck pain radiating to bilateral upper extremities with numbness and low back pain radiating to bilateral lower extremities with numbness. She reports pain is rated 6 out of 10 on average since last visit with medication and 9 out of 10 without medication and unchanged from last visit. She reports topical medication helps. On exam dated 7-29-2015 the treating physician indicates "markedly worsened cervical pain, worsening symptoms including worsened bilateral upper extremity numbness." Physical exam dated 7-29-2015 notes "moderate distress" with antalgic gait and use of cane for ambulation. There is cervical spasm of the paraspinal area with tenderness to palpation, decreased sensation and "moderately" reduced range of motion (ROM). There is lumbar spasm, tenderness to palpation, decreased range of motion (ROM) and decreased sensitivity. Treatment to date has included activity modification, medication, physical therapy and urine drug tests. The treating physician reviewed 6-22-2015 cervical magnetic resonance imaging (MRI) on 7-29-2015 indicating stenosis and fusion. The original utilization review dated 9-1-2015 indicates the request for cervical epidural steroid injection at C2-4 as an outpatient is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical epidural steroid injection at C2-4, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

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

Decision rationale: The claimant has a remote history of a work injury occurring in July 1999 and continues to be treated for radiating neck and radiating low back pain. When seen, neck pain was radiating into the hands and fingers. She was having occipital headaches. Pain was rated at 6-9/10. A spinal cord stimulator had been removed in June 2015. Physical examination findings included cervical tenderness with spasms. There was decreased and painful cervical spine range of motion. There was decreased upper extremity strength and sensation. An MRI of the cervical spine in June 2015 had included findings of multilevel moderate to severe foraminal and moderate canal stenosis. She has a history of a multilevel anterior cervical fusion from C5 through C7. Authorization is being requested for bilateral cervical epidural injections at C2-C4. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased upper extremity strength and sensation and imaging is reported as showing findings consistent with radiculopathy. However, the number of levels being requested is unclear and guidelines recommend no more than two levels be treated at any one time. Whether a two level bilateral transforaminal procedure at C2/3 and C3/4 is being requested or a three level bilateral nerve root procedure at C2, C3, and C4 is being requested needs to be specified. A two level procedure would be considered medically necessary but the request is not medically necessary.