MAXIMUS Federal Services

Case Number:	CM15-0192187		
Date Assigned:	10/06/2015	Date of Injury:	01/13/2006
Decision Date:	11/12/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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 53 year old woman sustained an industrial injury on 1-13-2006. Diagnoses include cervical radiculopathy, lumbar radiculopathy, right shoulder pain, fibromyalgia, osteoarthritis of the right hip, anxiety, depression, gastritis, and right shoulder pain. Treatment has included oral medications. Physician notes dated 8-28-2015 show complaints of unchanged neck pain rated 5 out of 10 with radiation down the left upper extremity. The physical examination shows left trapezius ad left paraspinous muscle spasms, spinal vertebral tenderness noted from C4-C7, tenderness was noted with palpation to the left paravertebral C4-C7 area, myofascial trigger points with twitch response was noted in the left trapezius muscle an left levator muscle, range of motion is "slightly limited" due to pain, and pain was significantly increased with flexion and extension. Decreased sensation was noted to the bilateral extremities and C4-C5 dermatome. The lumbar spine showed tenderness to palpation of the bilateral paravertebral muscles in the L4-S1 levels, range of motion is "moderately limited" due to pain, pain was significantly increased with flexion and extension, decreased sensation was noted to the L5-S1 dermatomes in the bilateral lower extremities, Achilles reflexes are absent bilaterally, patellar reflexes are decreased bilaterally, straight leg raise was positive on the right for radicular pain at 60 degrees. The worker received trigger point injections during this visit. Recommendations include cervical spine epidural steroid injections and follow up in six weeks. Utilization Review denied a request for bilateral cervical spine epidural steroid injections on 9-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-5 cervical epidural under fluoroscopy: Upheld

Claims Administrator 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 - Epidural steroid injection (ESI).

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

Decision rationale: Review indicates the patient is s/p multiple previous epidural steroid injections with L5-S1 on 5/20/15 with noted 50-80% unspecified improvement and duration and CESI on 12/17/14 without noted report of benefit. 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 correlating neurological deficits or remarkable diagnostics to support the epidural injections. 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. 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 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. The bilateral C4-5 cervical epidural under fluoroscopy is not medically necessary and appropriate.