

Case Number:	CM15-0194605		
Date Assigned:	10/08/2015	Date of Injury:	06/24/2014
Decision Date:	11/16/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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 53 year old male, who sustained an industrial injury on 6-24-14. The injured worker was diagnosed as having cervical spinal stenosis and cervical radiculopathy. Treatment to date has included medication such as Naproxen. On 7-28-15 physical examination findings included tenderness to palpation of the paraspinal musculature and myofascial tenderness to palpation bilaterally of the trapezius. On 7-28-15, the injured worker complained of neck pain rated as 5 of 10 with stiffness and radiation to both shoulders. Numbness in the right forearm and 4th and 5th digits of the right hand was noted. The treating physician requested authorization for a cervical interlaminar epidural steroid injection. On 9-29-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical interlaminar epidural steroid injection (no levels given): 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: Review indicates MRI of the cervical spine dated 11/1/14 noted multi-level disc protrusion of 4-5 mm at C5-T1 with disc extrusion at C3-4 and 2mm disc bulge at C2-3 resulting in mild, moderate and several neural foraminal stenosis. An apparent recent cervical epidural injections was certified on 5/13/15; however, no report of benefit and duration if any or functional outcome has been provided. Current request has no specified level for injections; however, report mentioned series of three. 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). Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. The patient had undergone previous injections recently; however, submitted reports have not adequately demonstrated any significant pain relief in VAS score or functional improvement in terms of decreased pharmacological profile, increased ADLs and function with decreased medical utilization from prior injection rendered. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged. Additionally, guidelines do not recommend series of three. The Cervical interlaminar epidural steroid injection (no levels given) is not medically necessary and appropriate.