

Case Number:	CM15-0197184		
Date Assigned:	10/12/2015	Date of Injury:	01/20/2015
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/07/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old female who sustained an industrial injury on 01/20/2015. Medical records indicated the worker was treated for severe neck and arm pain. Her diagnoses post CT scan (01-20-2015) was spondylotic collapse, disc protrusion, and OPLL (ossification of the posterior longitudinal ligament) at C6-7 below a previous C5-C6 fusion (done 2014) In the provider notes of 04-25-2015, the worker had stopped work, had six physical therapy visits, but no epidural steroid consults. In the examination of 07-29-2015, the worker is seen for neck pain in the left side radiating into the left arm and down the left side of the body. She has associated numbness, tingling, weakness and spasms. She rates the pain as an 8 on a scale of 0-10 at its worst and on average a 4 on a scale of 0-10. The pain intensifies with sitting, leaning forward, and standing, walking, laying down, straining, arching back war and coughing. It gets better with rest, medications, and ice. Pain interferes with her sleep and activities of daily living. She had and failed 12 physical therapy sessions, massage therapy, and chiropractic treatment. On exam, the pain is radicular and follows the C7-T1 nerve root distribution. Spurling's test is positive on the left and facet tenderness is present on the cervical spine. Axial loading of the cervical spine makes the pain worse, and neck range of motion is limited by pain. Neck rotation is 45 degrees, extension is 45 degrees, and flexion is 45 degrees. Motor exam does not reveal asymmetries of bulk or tone. The plan is for a cervical epidural steroid injection C7-T1 to attempt to avoid hospitalization or surgery by "decreasing pain and inflammation so that the patient can better tolerate physical therapy and slow the progression of the disease". Medications include Gabapentin (unknown start date), Ibuprofen (since at least 06-29-2015, carisoprodol

(since at least 06-29-2015), cyclobenzaprine (since at least 04-30-2015), Tizanidine (since at least 05-07-2015) and Hydrocodone-acetaminophen (since at least 06-29-2015). She has a signed medication contract, random urine drug screens (most recent 07-29-2015) and is receiving the lowest effective doses. There is regular and frequent evaluation of the 4 "A's" of analgesia, Activities of daily living, Aberrant drug use, and adverse reactions). The plan is for an epidural. In the examination of 08-06-2015, the worker is seen while awaiting approval of a therapeutic epidural. A request for authorization was submitted for Midline C4-5 Epidural Steroid Injection with Fluoroscopic Guidance. A utilization review decision 09-18-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Midline C4-5 Epidural Steroid Injection with Fluoroscopic Guidance: Upheld

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

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

Decision rationale: According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In this case the exam notes from 7/29/15 do not demonstrate radiculopathy that is corroborated by imaging studies. Therefore the determination is not medically necessary.