

Case Number:	CM15-0198564		
Date Assigned:	10/14/2015	Date of Injury:	01/05/2015
Decision Date:	11/20/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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 48 year old male who sustained an industrial injury on 1-5-2015. A review of medical records indicates the injured worker is being treated for facet arthropathy, disc desiccation throughout the cervical spine, musculoligamentous sprain, cervical spine, endplate thinning and narrowing of the interspaces at T2-T9, kyphoscoliosis and scoliosis of unknown etiology, thoracic spine, musculoligamentous sprain, thoracic spine, loss of lumbar lordosis, may be due to myospasm, mild spondylosis, and musculoligamentous sprain, lumbar spine. Medical records dated 8-12-2015 noted minor aching to the cervical and lumbar spine rated a 2 out of 10. Physical examination noted restricted range of motion to the cervical and lumbar spine. Treatment has included 12 sessions of physical therapy and CESI for symptomatic pain relief and functional improvement. Utilization review form dated 9-14-2015 noncertified 3rd CESI bilateral C4-5, C5-6, and C6-7 and 2nd CESI bilateral C4-5, C5-6, and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second cervical epidural steroid injection bilateral at C4-C5 and C5-C6, left C6-C7, quantity 5: 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: The claimant sustained a work injury in January 2015 as the results of a motor vehicle accident and is being treated for neck and low back pain. In July 2015 he had undergone cervical and lumbar epidural steroid injections. He had less pain. A second lumbar epidural steroid injection was planned. When seen, he was having minor aching of the cervical and lumbar spine and pain with range of motion. Physical examination findings included restricted cervical and lumbar range of motion. Authorization for a second and third cervical epidural steroid injection was requested. 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, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of ongoing cervical radiculopathy. The request is not medically necessary.

Third cervical epidural steroid injection bilateral at C4-C5 and C5-C6, left C6-C7, quantity 5: 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: The claimant sustained a work injury in January 2015 as the results of a motor vehicle accident and is being treated for neck and low back pain. In July 2015 he had undergone cervical and lumbar epidural steroid injections. He had less pain. A second lumbar epidural steroid injection was planned. When seen, he was having minor aching of the cervical and lumbar spine and pain with range of motion. Physical examination findings included restricted cervical and lumbar range of motion. Authorization for a second and third cervical epidural steroid injection was requested. 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, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of ongoing cervical radiculopathy. A preplanned series of injection is not considered medically necessary as a repeat injection would be based on the response to the prior procedure. The request is not medically necessary.