

Case Number:	CM15-0205044		
Date Assigned:	10/21/2015	Date of Injury:	01/26/2012
Decision Date:	12/03/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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: Emergency Medicine

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 male who sustained an industrial injury 01-26-12. A review of the medical records reveals the injured worker is undergoing treatment for cervical stenosis. Medical records (09-29-15) reveal the injured worker complain of "moderate" neck and arm pain, which is not rated, as well as numbness and weakness. The physical exam (09-28-15) reveals tenderness and spasm in the paracervical area. Active voluntary range of motion of the cervical spine was very guarded with neck motion. He complained of "moderate" pain at the extremes of motion. Any extension of the neck beyond the neutral produces immediate pain down his right arm. Weakness is noted in the right triceps and right hand inner extensors. Diminished sensation was noted in the index through long fingers on the right hand, and reflexes were diminished and symmetrical. Prior treatment includes a cervical epidural steroid injection at right C5-6 on 06-05-15, after which on 07-23-15, he reported a reduction in his radicular symptoms on the left side. The procedure note dated 06-05-15 reports a right C5-6 cervical epidural steroid injection. The progress note dated 07-28-15 reports a left C5-6 epidural steroid injection approximately a month prior to the note. The original utilization review (10-08-15) non certified the request for a cervical epidural steroid injection at C5-6 on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection under imaging (right C5-6): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back chapter, updated June 25, 2015, state: Epidural steroid injection (ESI).

Decision rationale: The requested Cervical epidural steroid injection under imaging (right C5-6), is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Official Disability Guidelines (ODG), Neck & Upper Back chapter, updated June 25, 2015, state: "Epidural steroid injection (ESI) noted: Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit." The injured worker has "moderate" neck and arm pain, which is not rated, as well as numbness and weakness. The physical exam (09-28-15) reveals tenderness and spasm in the paracervical area. Active voluntary range of motion of the cervical spine was very guarded with neck motion. He complained of "moderate" pain at the extremes of motion. Any extension of the neck beyond the neutral produces immediate pain down his right arm. Weakness is noted in the right triceps and right hand inner extensors. Diminished sensation was noted in the index through long fingers on the right hand, and reflexes were diminished and symmetrical. Prior treatment includes a cervical epidural steroid injection at right C5-6 on 06-05-15, after which on 07-23-15, he reported a reduction in his radicular symptoms on the left side. The procedure note dated 06-05-15 reports a right C5-6 cervical epidural steroid injection. The treating physician has not documented the percentage and duration of relief from previous epidural injection nor the functional improvement from this injection, nor the medical necessity for this injection as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Cervical epidural steroid injection under imaging (right C5-6) is not medically necessary.