

Case Number:	CM15-0206702		
Date Assigned:	10/23/2015	Date of Injury:	04/11/2007
Decision Date:	12/04/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/20/2015

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: Preventive Medicine, Occupational 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 75-year-old male, with a reported date of injury of 04-11-2007. The diagnoses include cervical disc bulges, cervical spondylosis, cervical stenosis, cervical facet joint pain, and cervical radiculitis. The pain management consultation report dated 09-29-2015 indicates that the injured worker had cervical spine pain with left upper extremity numbness. It was noted that the MRI of the cervical spine showed nerve root compromise at C6-7. The treating physician recommended a cervical epidural injection. The injured worker rated the intensity of his pain 8 out of 10 on 09-29-2015 and 7 out of 10 on 02-24-2015. The physical examination showed normal alignment and curvature of the cervical spine; diffuse tenderness of the bilateral facet joints; hypertonic and tender bilateral upper trapezius and teres muscles; decreased cervical range of motion; positive cervical compression test; negative Spurling's test; and decreased sensation to the left C7 and C8 dermatomes. The injured worker's work status was referred to the primary treating physician. The diagnostic studies to date have included a urine drug screen on 07-24-2014, which was inconsistent for Hydrocodone, Hydromorphone, Dihydrocodeine, and Norhydrocodone. Treatments and evaluation to date have included Tramadol. The request for authorization was dated 09-28-2015. The treating physician requested a cervical epidural injection at C6-7 and C7-T1. On 10-06-2015, Utilization Review (UR) non-certified the request for a cervical epidural injection at C6-7 and C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection C6-C7 and C7-T1: Overturned

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: MTUS Guidelines have very specific criteria to justify a trial of epidural injections. These criteria include a clear diagnosis of radicular dysfunction with corresponding and consistent diagnostic testing. This individual adequately meets these criteria. The prior MRI is consistent with a C-7 radiculopathy, which is clinically supported. The prior MRI apparently did not report on the on the C7-T1 level (C8 nerve root), but the clinical findings appear adequate to support an epidural at this level even though the prior MRI is deficient in technique. The request for the Cervical Epidural Injection C6-C7 and C7-T1 is consistent with Guidelines and is medically necessary.