MAXIMUS Federal Services

Case Number:	CM15-0208933		
Date Assigned:	10/27/2015	Date of Injury:	12/12/2014
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49 year old male, who sustained an industrial injury on 12-12-2014. The injured worker was diagnosed as having cervical radiculopathy, cervical pain, cervical disc disorder, and muscle spasm. Treatment to date has included diagnostics, physical therapy, trigger point injections, and medications. On 9-01-2015, the injured worker complains of pain in his neck, mid back, low back, and legs. He denied any radiation of his neck pain to the upper extremities. He also complained of headaches. Pain was rated 8 out of 10, 4 at best and 10 at worst. Current medications included Flexeril, Norco, and Naproxen. Exam of the cervical spine noted restricted range of motion, tenderness at the paracervical muscles, rhomboids and trapezius, and pain in the neck muscles with Spurling's maneuver but "no radicular symptoms". Motor exam noted 5 of 5 strength of all muscles and sensory exam noted "light touch sensation is patchy in distribution", unspecified. The treating physician documented that he received 2 cervical epidural injections in 4-2015, which provided him with no significant pain relief. Magnetic resonance imaging of the cervical spine (5-18-15) noted impression of C6-7 circumferential less than 2mm disc bulge and minimal left facet arthropathy causing mild bilateral left greater than right foraminal narrowing (unchanged since 12-22-2014) and C3-4 minimal disc bulge and un-cinated hypertrophy, unchanged. Work status was total temporary disability. The treatment plan included cervical epidural steroid injection at C7-T1, non-certified by utilization Review on 9-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C7-T1: 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 section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical epidural steroid injection at C7 - T1 is not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Cervical ESI may be supported with the following criteria. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical radiculopathy; cervical pain; disk disorder cervical and spasm of muscle. Date of injury is December 12, 2014. Request for authorization is September 17, 2015. According to a September 1, 2015 progress note, the injured worker received two prior cervical epidural steroid injections with no significant relief. Subjectively, the injured worker complains of neck pain with no radiation. Additional complaints are mid back pain and low back pain that radiates the legs. Pain score is 8/10. Objectively, there is cervical decreased range of motion and tenderness to palpation at the paraspinal muscles. Motor strength is 5/5 and light touch is patchy. There is no objective evidence of radiculopathy. There is no documentation demonstrating objective functional improvement with prior cervical epidural steroid injections (levels not specified). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with prior epidural steroid injections and no documentation of radiculopathy on physical examination, cervical epidural steroid injection at C7 - T1 is not medically necessary.