

Case Number:	CM15-0020797		
Date Assigned:	02/10/2015	Date of Injury:	07/05/2012
Decision Date:	03/26/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/04/2015

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: 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 50 year old male, who sustained an industrial injury on 7/5/2012, resulting in injury to his neck region. The diagnoses have included degeneration of cervical intervertebral disc. Treatment to date has included surgical intervention (April 2013), and conservative treatment. Currently, the injured worker complains of continued neck and upper back pain. Physical exam noted mild tenderness to palpation to the neck and good range of motion. Current medications included Naproxen, Norco, and Flexaril. A previous PR2 report, dated 10/31/2014, noted additional complaints of paresthesia to the right hand with elevation greater than 90 degrees. A magnetic resonance imaging report of the cervical spine, dated 12/27/2012, showed a right paracentral and lateral disc bulge at C6-7 level, with narrowing of the right neural foramina. Disc protrusion was also noted at C5-6 and C3-4, without significant neural foraminal stenosis. On 1/05/2015, Utilization Review non-certified a request for cervical epidural steroid injection facet block, noting the lack of compliance with MTUS Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (CESI) facet block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck/Upper Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, even though an MRI of the cervical spine indicated the patient has cord compression at C3-4, C5-6, and a herniated nucleus pulposus at C6-7, there are no recent physical examination findings supporting a diagnosis of radiculopathy. Furthermore, the request for facet block at the same time is not supported by physical exam findings. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.