

Case Number:	CM15-0028399		
Date Assigned:	02/20/2015	Date of Injury:	04/22/2014
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/16/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old male patient who sustained an industrial injury on 4/22/14. The diagnoses included cervical strain/sprain and thoracic/lumbar strain/sprain. Per the progress note dated 1/5/15, he had complaints of neck pain with radiation to bilateral upper extremities with tingling and numbness. The physical examination revealed cervical spine- paravertebral tenderness, decreased range of motion; bilateral elbow- tenderness over the lateral epicondyle. The current medications list includes anaprox and fexmid. He has had EMG/NCS dated 7/3/14 which revealed no evidence of cervical radiculopathy; EMG/NCS dated 9/12/14 which revealed no evidence of cervical radiculopathy; left and right knee MRI dated 9/22/14; right and left foot MRI dated 9/22/14; cervical MRI dated 9/24/14 which revealed multilevel disc protrusion; lumbar MRI dated 9/24/14; right shoulder MRI dated 9/24/14; left and right knee arthrogram dated 11/17/14. He has undergone right knee surgery and left knee arthroscopy. He has had activity restriction and home exercise program for this injury. On 1/23/15 Utilization Review non-certified the request for Bilateral C4/5, C5/6 Transforaminal Epidural Steroid Injection. The California Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4/5, C5/6 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Request: Bilateral C4/5, C5/6 Transforaminal Epidural Steroid Injection The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)" Patient had EMG/NCS dated 7/3/14 and 9/12/14 which revealed no evidence of cervical radiculopathy. Therefore evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Failure to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Bilateral C4/5, C5/6 Transforaminal Epidural Steroid Injection is not fully established for this patient.