

Case Number:	CM15-0212147		
Date Assigned:	11/02/2015	Date of Injury:	07/23/2015
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/28/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female with a date of injury on 7-23-15. A review of the medical records indicates that the injured worker is undergoing treatment for neck and lower back pain. Progress report dated 9-11-15 reports continued complaints of constant neck pain that radiates to the shoulders and trapezius muscles down the upper extremities with associated numbness and tingling on the left hand and right upper arm. She also has headaches and reports stiffness and tingling with muscle spasm. She has difficulty sleeping and the pain is rated 8 out of 10. She also has complaints of lower back pain that worsens with prolonged sitting and standing. She reports occasional spasm and cramping in her calves, and stiffness and tightness in the lower back. The pain is rated 7 out of 10. Current medications listed are Tylenol 3 and Nalfon. Objective findings: cervical spine range of motion limited with extension, right rotation, left rotation, and left lateral flexion, pain elicited on axial compression and cervical distraction tests, pain and tightness to palpation, lumbar spine - there is pain with flexion and relief with extension, she has difficulty bringing her knees to her chest, she has pain and tightness to palpation. Cervical spine radio-graph done at this visit revealed loss of lordosis, moderate decrease in disc height and Lumbar spine revealed left compensated curve with a posterior sagittal vertical axis, slight decrease in disc height and severe facet arthrosis and asymmetry at L4-5. MRI of lumbar spine 8-1-15 revealed disc bulge, mild to moderate neural foraminal stenosis and mild central canal stenosis. Request for authorization was made for cervical epidural steroid injection at the bilateral C5-6 level under fluoroscopy. Utilization review dated 10-14-15 non-certified the request.

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 the bilateral C5-6 level under fluoroscopy:

Overtaken

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with constant neck pain that radiates to the shoulders and trapezius muscles down the upper extremities with associated numbness and tingling on the left hand and right upper arm. The current request is for cervical epidural steroid injection at the bilateral C5-6 level under fluoroscopy. The treating physician states, in a report dated 09/11/15, "Authorization is hereby requested for a referral to [REDACTED] to proceed with cervical epidural injections." (34B) The MTUS guidelines recommend this as an option for treatment of radicular pain as defined by pain in a dermatomal distribution with corroborative findings in an MRI. An MRI dated 08/01/2015 notes "Cervical disc protrusions, 3- to 4-mm at C3-4, C4-5, C5-6 and C7-T1 "moderate to severe neuroforaminal stenosis at C5-6" (33B). In this case, the treating physician, based on the records available for review, states "Due to the multiple cervical spine disc bulges, lack of significant improvement with conservative treatment, her ongoing symptoms and the MRI findings, the patient has been advised that she would be a candidate for a series of cervical epidural steroid injections "to decrease the pain and inflammation of the cervical spine disc and reduce the irritation of the cervical spine roots, as well as to improve her posture." (34B) there is no documentation that the patient has received a previous ESI. The physician has met the required criteria as stated in the MTUS guidelines and the current request is medically necessary.