

Case Number:	CM15-0215802		
Date Assigned:	11/05/2015	Date of Injury:	09/09/2013
Decision Date:	12/23/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/03/2015

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, Illinois

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:

This is a 49 year old female who sustained an industrial injury on 9-9-2013. A review of the medical records indicates that the injured worker is undergoing treatment for disc displacement of the cervical spine, cervical radiculitis, lumbar facet arthropathy and osteoarthritis of the right knee. According to the progress report dated 9-14-2015, the injured worker complained of neck pain radiating down the bilateral upper extremities. She also complained of low back pain and bilateral lower extremity pain. She rated her pain 8 out of 10 without medications. Objective findings (9-14-2015) revealed limited range of motion of the lumbar spine secondary to pain. There was tenderness to palpation at the bilateral knees. The progress report did not include an exam of the cervical spine. Treatment has included physical therapy and medications (Naproxen). The physician noted that magnetic resonance imaging (MRI) of the cervical spine dated 12-4-2014 showed mild, multilevel degenerative disc disease and spondylosis with resultant mild narrowing of left neural foramen at C3-4 and C4-5 and mild narrowing of right neural foramen at C5-6. The treatment plan (9-14-2015) was to consider CESI. The original Utilization Review (UR) (10-14-2015) denied a request for bilateral CESI C3-5 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral CESI C3-5 under fluoroscopy: 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 and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

Decision rationale: The injured worker sustained a work related injury on 9-9-2013. The medical records provided indicate the diagnosis of undergoing treatment for disc displacement of the cervical spine, cervical radiculitis, lumbar facet arthropathy and osteoarthritis of the right knee. Treatments have included physical therapy and medications (Naproxen). The physician noted that magnetic resonance imaging (MRI) of the cervical spine dated 12-4-2014 showed mild, multilevel degenerative disc disease and spondylosis with resultant mild narrowing of left neural foramen at C3-4 and C4-5 and mild narrowing of right neural foramen at C5-6. The treatment plan (9-14-2015) was to consider CESI. The medical records provided for review do not indicate a medical necessity for Bilateral CESI C3-5 under fluoroscopy. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The medical records indicate there was no documentation of the clinical examination of the neck, the Cervical MRI was positive for spondylosis, nerve studies was normal. The most recent edition of the Official Disability Guidelines recommends against Cervical Epidural injection due to high risks, including the risk of death. The requested treatment is not medically necessary due to the lack of documentation of clinical findings of radiculopathy.