MAXIMUS Federal Services

Case Number:	CM15-0216756		
Date Assigned:	11/06/2015	Date of Injury:	04/24/2003
Decision Date:	12/21/2015	UR Denial Date:	11/02/2015
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: California
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:

The injured worker is a 61 year old male, who sustained an industrial injury on 4-24-2003. The injured worker was being treated for chronic neck pain and cervical herniated nucleus pulposus, status post anterior cervical discectomy and fusion at C5-6, and spondylosis. The injured worker (9-25-2015) reported ongoing neck pain. The physical exam (9-25-2015) revealed cervical tenderness, decreased range of motion, and spasms of the paraspinal musculature. The injured worker (10-26-2015) reported ongoing left-sided neck pain. He rated his pain 5-8.5 out of 10 on visual analog scale. The physical exam (10-26-2015) revealed a well-healed anterior neck scar, moderate tenderness to palpation of the left-sided cervical paraspinal muscle and left trapezius muscle. The treating physician noted mildly limited cervical range of motion in all planes. Per the treating physician (10-26-2015 report), the MRI of the cervical spine (4-7-2015) showed early degenerative disc disease and mild facet arthropathy of C3-4, mild degenerative disc disease of C4-5, and an anterior cervical fusion with anatomic alignment of C5-6. Per the treating physician, the MRI showed moderate degenerative disc disease, 2 mm uncovertebral bone spurs, and probable deflection of the ventral rami of the exiting bilateral C7 nerves of C6-7. Treatment has included physical therapy and medications including pain, anti-epilepsy, and non-steroidal anti-inflammatory. Per the treating physician (10-26-2015 report), the injured worker is retired. On 10-27-2015, the requested treatments included one cervical epidural steroid injection. On 11-2-2015, the original utilization review non-certified a request for one cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection x1: Upheld

Claims Administrator 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, Pain (Acute & Chronic).

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here without radicular symptoms or correlating clinical findings. Submitted reports have not demonstrated any specific neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Cervical epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The Cervical epidural steroid injection x1 is not medically necessary and appropriate.