

Case Number:	CM15-0222394		
Date Assigned:	11/18/2015	Date of Injury:	11/02/2011
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/12/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 62 year old male, who sustained an industrial injury on 11-12-2011. Per progress notes dated 4-25-2015; the IW is suffering from chronic neck and back pain. He reports having variable but constant neck and low back pain with intermittent cramping and occasional sharp pain radiating down arms and legs. Exacerbating factors include standing and sitting and alleviating factors are sleeping. On exam, cervical motion is restricted 25% in all planes and elicits ipsilateral shoulder pain with rotation. All shoulder range of motion and weight bearing is painful. Lumbar flexion limited to 30 degrees and elicits pain traveling down posterolateral thighs and across low back, extension is limited to return to neutral. Palpation of bilateral quadratus lumborum and erector spinae muscles revealed spasming and twitching of the muscles bellies with point tenderness at various points. He has positive straight leg raises. The injured worker was diagnosed as having neck sprain, degenerative disc disease, facet osteoarthopathy, cervicgia, cervical radiculopathy and chronic pain syndrome. Treatment to date has included medications, physical therapy, chiropractic care, epidural steroid injections and left shoulder surgeries. The shoulder surgeries were done 4-9-13 and 5-27-2014. The progress note dated 9-23-2015, the IW complains of neck and low back pain radiating to bilateral arms and legs, he rates his pain a 6 out of 10 with 10 being the worst. The exam reveals restricted cervical motion of 50% in all planes and elicits ipsilateral shoulder pain with rotation, positive Spurling's bilaterally, hand grip strength of 5- out of 5 with persistent paresthesia in bilateral C6 dermatomes, and painful right shoulder weight bearing, and intact cranial nerves. His medications are Norco, Butrans Transdermal System, Cyclobenzaprine, topical cream,

Nabumetone and Ambien. Plan is continue medications and request cervical epidural steroid injections. The UR decision, dated 10-13-2015, denied cervical epidural steroid injection at C5-C6 with fluoroscopy. The request for authorization, dated 11-12-2015, is for a cervical epidural steroid injection at C5-C6 with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Epidural Steroid Injection at C5-C6 with Fluoroscopy: Upheld

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).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46 "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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants)." These guidelines regarding epidural steroid injections continue to state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." CA MTUS, Neck and Back Complaints, Initial Care states that "cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Facet injections are not recommended per the Summary of Recommendations table." In this case the exam notes from 9/23/15 do not demonstrate a radiculopathy that is specific to a dermatome on physical exam. In addition there is lack of evidence of failure of conservative care. And finally CA MTUS guidelines state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Thus the proposed injection is not medically necessary and the determination is for non-certification.