

Case Number:	CM15-0222524		
Date Assigned:	11/18/2015	Date of Injury:	10/17/2000
Decision Date:	12/24/2015	UR Denial Date:	10/09/2015
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

Certification(s)/Specialty: Emergency 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:

The injured worker is a 59 year old male who sustained an industrial injury on 10-17-2000. A review of medical records indicates the injured worker is being treated for degeneration of lumbar or lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, spinal stenosis of the lumbar region, lumbar radiculopathy, osteoarthritis of spinal facet joint, and postlaminectomy syndrome, lumbar regions, Medical records dated 10-6-2015 noted cervical pain rated a 10 out of 10 without medications and 7 out of 10 with medication. Physical examination noted tenderness to the cervical spine and shoulder blade. There was restricted range of motion. MRI of the cervical spine dated 10-24-2014 revealed multilevel spondylosis and unciniate joint degenerative joint disease in the mid cervical levels. Treatment has included a cervical epidural steroid injection in April which provided 50% relief of pain for two months. Utilization review form dated 10-9- 2015 noncertified 1 bilateral C6-7 cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral C6-7 cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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, Epidural Steroid injections.

Decision rationale: The requested one bilateral C6-7 cervical epidural steroid injection, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections 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). Official Disability Guidelines (ODG), Neck & Upper Back chapter, updated June 25, 2015, state: "Epidural steroid injection (ESI): Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit." The injured worker has cervical pain rated a 10 out of 10 without medications and 7 out of 10 with medication. Physical examination noted tenderness to the cervical spine and shoulder blade. There was restricted range of motion. MRI of the cervical spine dated 10-24-2014 revealed multilevel spondylosis and uncinated joint degenerative joint disease in the mid cervical levels. Treatment has included a cervical epidural steroid injection in April which provided 50% relief of pain for two months. The treating physician had not documented the medical necessity for this procedure as an outlier to referenced guideline updated negative recommendations. The criteria noted above not having been met, one bilateral C6-7 cervical epidural steroid injection is not medically necessary.