

Case Number:	CM15-0031626		
Date Assigned:	02/25/2015	Date of Injury:	02/09/2014
Decision Date:	04/10/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/19/2015

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 64 year old male injured worker suffered and industrial injury on 2/9/2014. The diagnoses were contusion/strain/sprain of the cervical, low back and lumbar spine and right knee internal derangement. The diagnostic studies were right shoulder and cervical spine magnetic resonance imaging. The treatments were physical therapy and medications. The treating provider reported neck pain 8 to 10/10 radiating down to the right arm and elbow, which is worsening along with decreased strength. The Utilization Review Determination on 1/26/2015 non-certified: 1. Cervical epidural steroid injection under fluoroscopic guidance targeting C5, C6 and C7 for diagnostic and therapeutic purpose, MTUS, ACOEM, ODG. 2. Follow up visit after injection, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection under fluoroscopic guidance targeting C5, C6 and C7 for diagnostic and therapeutic purpose: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The 1/26/15 Utilization Review letter states the Cervical epidural steroid injection under fluoroscopic guidance targeting C5, C6, and C7 for diagnostic requested on the 1/20/15 medical report was denied because ACOEM guidelines state cervical epidural injections are of uncertain benefit and should be reserved for patients who would otherwise undergo open surgical procedures for cervical nerve root compromise. According to the 1/20/15 orthopedic report, the patient presents with neck pain that radiates down the right arm. There is weakness to right grip strength. There was no specific dermatomal distribution of symptoms identified. The physician recommends a CESI for C5, C6 and C7. MRI report from 12/2/14 shows bilateral nerve root compromise at C3/4, none at C4/5, bilateral nerve root compromise at C5/6 and C6/7, and not at C7/T1. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46 states these are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The MTUS Criteria for the use of Epidural steroid injections states: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. And no more than two nerve root levels should be injected using transforaminal blocks. The request is not in accordance with MTUS guidelines. The physician has requested the epidural injection at 3-levels, and MTUS states no more than 2 nerve root levels. The C5 ESI was recommended, but the MRI shows no foraminal compromise at C4/5. Furthermore, on examination the physician was not able to identify a dermatomal distribution of pain. The request for Cervical epidural steroid injection under fluoroscopic guidance targeting C5, C6, and C7 for diagnostic, IS NOT medically necessary.

Follow up visit after injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: The 1/26/15 Utilization Review letter states the Follow up visit after injection requested on the 1/20/15 medical report was denied because it was associated with the request for the cervical epidural injection was not recommended. MTUS/ACOEM Topics, chapter 12, Low Back, page 303, for Follow-up Visits states: Physician follow-up can occur when a release to modified, increased, or full-duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working. The follow-up visit in general is recommended under MTUS guidelines. In this case, the follow-up visit was requested following an epidural injection that was not medically necessary by the pain management physician. The records show that the patient's medication management is from a different physician who is the primary treating physician. The rationale for a pain management follow-up visit for an injection that cannot be approved has not been provided. The request for Follow up visit after injection IS NOT medically necessary.