

Case Number:	CM15-0031886		
Date Assigned:	02/27/2015	Date of Injury:	02/05/2014
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 35 year old male, who sustained an industrial injury on February 5, 2014. He has reported neck pain radiating to the right arm and migraine headaches. The diagnoses have included chronic cervicgia, cervical spine degenerative disc disease, cervicogenic migraine headache, and right sided cervical radicular symptoms. Treatment to date has included medications, physical therapy, chiropractic care, and imaging studies. A progress note dated December 22, 2014 indicates a chief complaint of continued neck pain, right arm pain and migraines. Physical examination showed tenderness to palpation of the cervical spine and upper back, and decreased range of motion of the cervical spine. The treating physician is requesting a consultation for cervical spine epidural injections. On January 23, 2015 Utilization Review denied the request citing the American College of Occupational and Environmental Medicine Guidelines. On date IMR application was received, the injured worker submitted an application for IMR of a request for requested treatment, and requested treatment, and requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for epidural injection at C5-6 level, cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM: Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127, Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Epidural steroid injections.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, consultation epidurals steroid injection at C5- C6 level cervical spine is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are chronic cervicgia; cervical degenerative disc disease, most prominent at C5 - C6; cervicogenic migraine headaches; and right-sided cervical radicular symptoms. Subjectively, the injured worker has radicular symptoms to the right upper extremity. Objectively, the neurologic evaluation shows normal motor in all major muscle groups and a normal sensory examination. There is no objective evidence of radiculopathy. MRI cervical spine showed C-5 - C6 mild diffuse annular disk bulge with mild broad left lateral lateralizing osteophyte ranging creating a mild to moderate left central spinal canal stenosis combined with a left neuroforaminal stenosis. A peer-to-peer phone consultation was made between the initial utilization review physician and the treating physician. There was no objective evidence of radiculopathy on physical examination. The guideline criteria for epidural steroid injections include radiculopathy must be documented by physical examination. Radiculopathy is not confirmed on physical examination in the medical record. Consequently, absent clinical documentation with neurologic objective evidence of radiculopathy, consultation epidural steroid injection C-5 - C6 level cervical spine is not medically necessary.