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| Case Number: | CM15-0033195 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 10/29/2013 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 01/22/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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, Pain Management

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 36-year-old male with an injury date of 10/29/2013. The mechanism of injury is documented as a motor vehicle accident while driving a company truck. He experienced neck pain, shoulder pain, and back pain. On 01/16/2015, he presented for follow up complaining of cervical symptoms being most bothersome. He states the pain radiates to the trapezial areas and left shoulder. Physical exam noted extension is 50% of normal. Triceps reflex is absent bilaterally. Spurling maneuver is positive on the left. He has no gait disturbance. Prior treatment includes chiropractic treatment and medications. MRI of lumbar spine dated 11/15/2013 showed mild disc desiccation at lumbar 5-sacral 1. There was mild sub articular stenosis seen at lumbar 4-5 and a central bulge at lumbar 5- sacral 1. Cervical MRI dated 01/07/2015 showed a congenital narrowing of the central cervical canal. This in combination with degenerative disc disease causes multilevel moderate to severe neuro foraminal narrowing. There is multilevel facet hypertrophy and uncovertebral joint disease causing moderate multilevel neuro froaminal narrowing. Electro diagnostic studies of the back and lower extremities were normal. Diagnoses: Chronic neck pain. Chronic low back pain. Cervical 5-6 central disc herniation with superior migration. Possible left paracentral herniation at cervical 6-7 Sub articular narrowing at lumbar 4-5. Central protrusion and disc desiccation at lumbar 5-sacral 1. On 01/22/2015, the request for outpatient cervical epidural steroid injection (ESI) to cervical 5-6 under fluoroscopy was non-certified. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (ESI) to CS-C6 under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are recent physical examination findings supporting a diagnosis of radiculopathy. The patient has weakness 5- of 5 in the left triceps and decreased deep tendon reflexes. Furthermore, the C MRI notes HNP at C5-6. The imaging results are discussed in a note dated 2/12/15. Given these findings and the MRI results, the currently requested cervical epidural steroid injection is not medically necessary.