Case Number:	CM15-0035816		
Date Assigned:	03/04/2015	Date of Injury:	10/04/2011
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/25/2015

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 injured worker is a 60-year-old male, who sustained an industrial injury on October 4, 2011. He has reported an injury to multiple body parts. The diagnoses have included neck sprain. Treatment to date has included medications, and extracorporaeal shockwave. Currently, the IW complains of neck pain with numbness and tingling into the arms. A magnetic resonance imaging of the cervical spine on November 20, 2014, reveals disc protrusion. The records indicate trigger point injections have consistently relieved his neck pain for a 1-2 week period, and he uses a transcutaneous electrical nerve stimulation unit for neck and back pain. Physical findings indicated are tenderness in the neck with muscle rigidity, and numerous trigger points. Cervical range of motion is: flexion 30 degrees, extension 30 degrees, right and left lateral bend 30 degrees, right and left rotation 60 degrees. On February 10, 2015, Utilization Review non-certified cervical epidural steroid injection at C5-C6 midline, fluoroscopy guided. The MTUS guidelines were cited. On February 21, 2015, the injured worker submitted an application for IMR for review of cervical epidural steroid injection at C5-C6 midline, fluoroscopy guided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eervical epidural steroid injection c5-c6 midline, fluoro-guided: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46.

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

Decision rationale: Based on the 11/21/14 progress report provided by the treating physician, this patient presents with headaches, neck pain mostly axial in nature, rated 5/10 on VAS scale, radiating into the bilateral shoulders. The treater has asked for CERVICAL EPIDURAL STEROID INJECTION C5-6 MIDLINE, FLUORO GUIDED on 12/23/14. The request for authorization was not included in provided reports. A C-spine MRI dated 11/20/14 showed a 3mm central disc protrusion at C5-6 which effaces the ventral CSF space and contacts the ventral aspect of the cervical cord without deforming it. There is no associated canal stenosis or neural foraminal compromise. There is also a 2-3mm central disc protrusion at C4-5, which effaces the ventral CSF space and contacts the ventral aspect of the cervical cord without deforming it. There is no associated canal stenosis or neural foraminal compromise. Other levels showed normal findings. The patient is s/p s/p trigger point injection of unspecified ate which gave 50% benefit lasting 2-3 weeks and enabled better sleep at night per 12/23/14 report. The patient has not had prior cervical epidural steroid injection per review of reports dated 8/25/14 to 12/23/14. The patient's cervical spine pain is described as mostly axial in nature, but does radiate into the trapezius muscle and medial scapular area causing significant headache symptoms per 7/17/14 report. The patient's work status is not included in the provided documentation. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the patient has not had a prior epidural steroid injection, and a cervical MRI dated 11/20/14 showed a 3mm central disc protrusion at C5-6. There is documentation of mostly axial cervical pain that does radiate into the bilateral shoulders, and a physical exam on 11/20/14 only showed deep tendon reflexes of 2/4 at bilateral biceps, triceps, and brachioradialis. There is documentation of some neurologic findings on exam at C5, C6 dermatomes, but given the absent radiating, radicular symptoms, the patient does not present with a diagnosis of radiculopathy. An ESI would not be indicated. The request IS NOT medically necessary.