MAXIMUS Federal Services

Case Number:	CM15-0036027		
Date Assigned:	03/04/2015	Date of Injury:	05/15/2007
Decision Date:	04/15/2015	UR Denial Date:	01/21/2015
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, Hawaii
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 55 year old male, who sustained a work/ industrial injury on 5/15/07. He has reported symptoms of chronic pain to left side of neck. Prior medical history includes hypertension, diabetes mellitus, headaches, and anxiety. The diagnoses have included cervical spine myofascial pain and degenerative disc disease. Treatments to date included medication and exercises. Diagnostics included x-rays of cervical spine to reveal mild facet arthropathy at C4-5 and C5-6 and small anterior osteophytes at C5. An Magnetic Resonance Imaging (MRI) of the cervical spine on 9/29/14 revealed multilevel discogenic changes with disc space narrowing and annular bulges encroaching on the ventral spinal cord, mild to moderate spinal stenosis was seen at C5-6 and borderline stenosis at C6-7, moderate bilateral foraminal encroachment at C6-7. Medications included Ibuprofen, Norco, Wellbutrin SR, Abilify, Flexeril, and Cymbalta. The treating physician's report (PR-2) from 10/10/14 indicated the injured worker complained of neck pain, entire left arm, intermittent numbness, and pain in the trapezius region and physical therapy was recommended. On 11/22/14, exam noted tenderness over the cervical facets on the left, sensation was subjectively decreased throughout the left upper extremity, and biceps and triceps reflexes were absent bilaterally. A cervico-thoracic epidural interlaminar steroid injection was recommended to try to provide temporary relief so that a course of physical therapy could be pursued. On 1/21/15, Utilization Review non-certified a Cervical thoracic interlaminar epidural steroid injection with IV sedation and fluoroscopy, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical thoracic interlaminar epidural steroid injection with IV sedation and fluroscopy: Upheld

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

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

Decision rationale: The patient has ongoing neck pain with associated pain and numbness complaints in the left arm. The current request is for Cervical Thoracic interlaminar epidural steroid injection with IV sedation and fluroscopy. MTUS guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. In this case, the physical examination findings are inconclusive and there are no diagnostic studies which indicate radiculopathy. The mention of global loss of sensation in a nondermatomal distribution, and bilateral diminished reflexes are not consistent with radiculopathy. As such, recommendation is for denial.