MAXIMUS Federal Services

Case Number:	CM15-0040443		
Date Assigned:	03/11/2015	Date of Injury:	02/13/2014
Decision Date:	04/20/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/03/2015

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 52-year-old female, who sustained an industrial injury on 2/13/2014. She has reported slipping and falling resulting in right sided cervical pain, shoulder and neck pain associated with chronic headaches. The diagnoses have included cervical pain, thoracic pain, lumbar pain, headaches, left hip pain, and bilateral sacroiliac joint pain and cervical disc protrusion. Treatment to date has included medication therapy, chiropractic treatments and physical therapy. Currently, the IW complains of mid and low back pain, knee pain, and ankle pain and tension headaches. The physical examination from 1/23/15 documented decreased Range of Motion (ROM) with trigger points, muscle spasms and pain noted throughout. There were positive Kemp's tests and shoulder depression tests bilaterally. The plan of care included a request for authorization for cervical epidural steroid injections at C6 and C7 and for an evaluation referral authorization due to Magnetic Resonance Imaging (MRI) results of the right and left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C6 and C7 QTY - 2: Upheld

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

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

Decision rationale: The 52-year-old patient complains of cervical pain, thoracic pain, lumbar pain, lumbosacral pain, bilateral SI joint pain, headaches, and left hip pain, as per progress report dated 02/06/15. The request is for cervical epidural steroid injection c6 and c7 qty: 2. The RFA for the case is dated 02/08/15, and the patient's date of injury is 02/13/14. In progress report dated 01/07/15, the patient rates cervical pain at 5/10. The progress reports do not document the patient's work status. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," The Guidelines also state that "Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence."In this case, the progress reports do not document prior ESI of the cervical spine. There is no diagnosis of radicular pain of the cervical spine. An MRI, dated 09/26/14, reveals central disc osteophyte complex protrusion at C6-7 with mild narrowing of central canal stenosis. There is no compression of the spinal cord as per the report. The treating physician does not document findings of physical examination as well. Given the lack of evidence of radiculopathy, the request of cervical ESI is not medically necessary.