

Case Number:	CM15-0040841		
Date Assigned:	03/11/2015	Date of Injury:	03/15/2014
Decision Date:	04/20/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/04/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54 year old male who sustained an industrial injury on 5/15/14 when he was lifting a gate with a forklift and it fell on him causing injury involving his cervical and thoracic spine. He is currently experiencing constant cervical pain, upper extremity pain, most intense in the scapular region with spasms. His pain intensity is 5-8/10. Medications include Lyrica and Tylenol. Diagnoses include cervical and thoracic sprain/ strain; cervical spine pain, disc degeneration; radiculitis and diabetes. Treatments to date include medications, physical therapy which was not helpful and chiropractic therapy. Diagnostics include MRI of the cervical spine (7/1/14) noting degenerative changes at C6-7 with no nerve compression; multiple cervical radiographs and a nerve conduction study (no date available). In the progress note dated 2/17/15 the treating provider's plan of care indicates an interlaminar epidural steroid injection to obtain spread at C4-5 through C6-7, this to envelop the nerve roots potentially associated with upper extremity pain. In the progress note dated 2/26/15 the treating provider's plan of care indicates that the injured worker should have an injection of the cervical spine with steroids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural steroid injection to obtain spread at C4-5 through C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy, including EMG/NCV findings. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Interlaminar epidural steroid injection to obtain spread at C4-5 through C6-7 is not medically necessary.