

Case Number:	CM15-0041446		
Date Assigned:	03/11/2015	Date of Injury:	02/19/2001
Decision Date:	04/20/2015	UR Denial Date:	02/26/2015
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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 February 19, 2001. The diagnoses have included chronic pain, cervical radiculopathy, lumbar face arthropathy, lumbar radiculopathy, status post fusion lumbar spine and insomnia. Treatment to date has included facet radiofrequency Rhizotomy at lumbar level bilateral L3-L5 on October 14, 2014, acupuncture 4 sessions, H2-blocker, muscle relaxants, opioid pain and sleep aid medication, an Magnetic resonance imaging of the cervical spine on March 16, 2010, Magnetic resonance imaging of lumbar spine on March 16, 2010. Currently, the injured worker complains of neck pain that radiates down bilateral upper extremities and headaches, thoracic back, and low back pain, upper and lower extremity pain, abdominal and groin pain and insomnia. In a progress note dated February 10, 2015, the treating provider reports examination revealed spinal vertebral tenderness in the cervical spine C5-7, decreased range of motion due to pain, lumbar examination revealed tenderness to palpation in the bilateral paravertebral area L4-S1 levels and decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: 1 Bilateral C5-7 cervical Epidural using Fluroroscopy: Upheld

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

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

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case there is documentation of decreased sensation in the bilateral C5-7 dermatomes. The type of sensory deficit is not documented. There is no documented weakness in the upper extremities. There is no corroboration by imaging or electrodiagnostic studies. There is no indication for cervical ESI. The request should not be authorized.