

Case Number:	CM15-0045504		
Date Assigned:	03/17/2015	Date of Injury:	02/18/2014
Decision Date:	04/24/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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 59-year-old male injured worker suffered an industrial injury on 2/18/2014. The diagnoses were exacerbated cervical spine with radiculopathy and chronic lumbar pain with radiculopathy. The diagnostic studies were computerized tomography of the head, electromyography and cervical and lumbar magnetic resonance imaging. The treatments were medications, physical therapy. The treating provider reported low back pain and neck pain that have become more severe 10/10 at times with improvement with medications. There was spasms and tenderness over the cervical and lumbar spine with lumbar spine decreased range of motion. The requested treatment was one cervical epidural steroid injection at C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical epidural steroid injection at C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back procedure summary.

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

Decision rationale: The patient has severe ongoing neck and upper extremity pain. The current request is for one Cervical Epidural Steroid Injection at C6-7. The attending physician states that he thinks an Epidural Steroid Injection is reasonable on seeing the exam findings and MRI findings. The MTUS does recommend Epidural Steroid Injections for radicular pain. Documentation of radiculopathy on examination must be corroborated by imaging or electrodiagnostic testing. In this case, the attending physician notes some decreased sensation at the C6/7 level right compared to left. Records also indicate an MRI of the cervical spine was performed on 7-8-14, which shows multiple disc bulges at C3-4, C5-6 and C6-7 without notation of nerve root involvement. Records also indicate EMG/NCV was performed on 7/29/14 that showed abnormality at C5/6 nerve roots and neuropathy consistent with carpal tunnel syndrome. The actual MRI studies and electrodiagnostic studies are not available for review. There are only weak physical examination findings suggestive of radiculopathy, which may also be indicative of peripheral neuropathy. The MRI findings reveal disc pathology, but no evidence of nerve root impingement was noted. Additionally, no C6-7 radiculopathy on the right was documented on the electrodiagnostic study. The available documentation for review does not establish medical necessity and, as such, recommendation is for denial, and therefore is not medically necessary.