

Case Number:	CM15-0050066		
Date Assigned:	03/23/2015	Date of Injury:	06/21/2014
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/17/2015

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 51 year old male, who sustained a cumulative industrial injury from August 1, 2013 through June 21, 2014. He reported knee, back, neck and extremity pains. The injured worker was diagnosed as having cervicgia, pain in the thoracic spine and lumbago. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee, physical therapy, steroid injections, medications and work restrictions. Currently, the injured worker complains of knee, back, neck and extremity pains with associated numbness and tingling of the hands and feet. The injured worker reported an industrial injury from 2013 through 2014, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. He reported working as a fire chief and reported multiple back and neck pains before the industrial injury. Evaluation on September 18, 2014, revealed continued pain with associated symptoms. Additional physical therapy was recommended. Evaluation on January 6, 2015, revealed continued pain. bilateral epidural steroid injections were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 bilateral epidural steroid injection, QTY: 1.00: Upheld

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

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

Decision rationale: The patient has a date of injury of 06/21/14 and presents with chronic neck and low back pain. The current request is for C6-7 BILATERAL STEROID INJECTION QTY. 1.00. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." MRI of the cervical spine from 08/13/14 revealed multilevel moderate foraminal stenosis on the left C4-5 and C6-7 and moderate to severe right C7-T1. The medical file provided for review includes two progress reports. According to progress report dated 09/25/14, the patient presents with "c-spine c/o increase in pain, stiffness." Report 02/26/15 notes 'painful' c-spine, needs epidural. This is the extent of the subjective and objective findings. Although there is documentation of stenosis on the MRI dated 08/13/14, there is no radicular symptoms to warrant an epidural steroid injection. MTUS requires documentation of dermatomal distribution of pain/paresthesia. Furthermore, MTUS page 46, states that "there is insufficient evidence to make any recommendation for the use of epidural steroid injection and to treat radicular cervical spine pain." This request IS NOT medically necessary.