

Case Number:	CM15-0058587		
Date Assigned:	04/03/2015	Date of Injury:	03/13/1991
Decision Date:	06/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/27/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male who reported an injury on 03/13/1991, due to an unspecified mechanism of injury. It was noted that following that injury, he had had severe pain that eventually led to him undergoing a C5-6 anterior cervical fusion. His chief complaints on 02/09/2015, included neck pain referred into the left trapezial area, left infraclavicular area, left shoulder, and left biceps area intermittently down the arm. He noted his condition was better with lying down, and worse with standing, particularly throughout the day. On examination, his head and neck alignment were neutral, and he had a very positive Spurling's sign, with rotation and extension to the left creating pain down the left shoulder infraclavicular region. He had good range of motion of the left shoulder and no evidence of impingement signs, and no subacromial tenderness. He had 5/5 motor strength in all motor groups of the upper extremity, and normal sensation with no dermatomal deficits. It was stated that the injured worker had undergone an MRI scan that reportedly showed a solid cervical arthrodesis of the C5-6, with moderately severe facet hypertrophy and foraminal stenosis of the C4-5, with mild to moderate central canal stenosis. At the C6-7, again, there was noted facet arthropathy and moderately severe bilateral foraminal stenosis. He was diagnosed with cervical stenosis of the C4-5 and C6-7, remote fusion at the C5-6, and left upper extremity cervical radiculopathy. The treatment plan was for a cervical epidural steroid injection at the C4-5 and C6-7 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C4-5, per 02/16/2015 order: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that epidural steroid injections are recommended for those who have failed conservative treatment and who have clinical signs of radiculopathy that are corroborated by imaging and/or electrodiagnostic testing. The documentation provided does not show that the injured worker has any neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution to support the medical necessity of this request. Also, no official imaging studies or electrodiagnostic studies were provided for review to validate that the injured worker does have radiculopathy. Also, there was a lack of documentation showing that the injured worker has tried and failed and all forms of recommended conservative care. Therefore, the request is not supported. As such, the request is not medically necessary.

Cervical epidural steroid injection C6-7, per 02/16/2015 order: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that epidural steroid injections are recommended for those who have failed conservative treatment and who have clinical signs of radiculopathy that are corroborated by imaging and/or electrodiagnostic testing. The documentation provided does not show that the injured worker has any neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution to support the medical necessity of this request. Also, no official imaging studies or electro-diagnostic studies were provided for review to validate that the injured worker does have radiculopathy. Also, there was a lack of documentation showing that the injured worker has tried and failed and all forms of recommended conservative care. Therefore, the request is not supported. As such, the request is not medically necessary.

Sedation per 02/16/2015 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injections (ESIs).

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Referral to a pain management specialist, cervical spine, per 02/16/2015 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation `Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines indicate that office visits should be determined based on the review of the injured worker's signs and symptoms, clinical stability, and physical examination findings. The documentation submitted does not show that the injured worker has any significantly concerning examination findings that cannot be treated by his primary care physician. There is no clear rationale provided for the medical necessity of a pain management specialist referral and, therefore, the request would not be supported. As such, the request is not medically necessary.