

Case Number:	CM15-0060938		
Date Assigned:	04/07/2015	Date of Injury:	03/01/2012
Decision Date:	05/06/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/31/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 44 year old man sustained an industrial injury on 3/1/2012. The mechanism of injury is not detailed. Diagnoses include cervical spine strain/sprain, cervical myospasm, cervical disc protrusion, and cervical radiculopathy. Treatment has included oral medications, physical therapy, and epidural steroid injection. Physician notes dated 3/9/2015 show complaints of constant neck pain rated 6/10 with stiffness radiating to the right shoulder. Recommendations include cervical epidural steroid injection and refill of Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat C-ESI C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, Epidural Steroid Injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, repeat cervical epidural steroid injection C6 - C7 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory drugs and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical sprain/strain; cervical myospasm; mild disc protrusion; and cervical radiculopathy. The most recent progress of the medical records dated March 9, 2015. Subjectively, the injured worker has a 6/10 VAS pain score from pain in the neck. Objectively, there is 3+ tenderness overlying the cervical paraspinal muscle groups associated with decreased range of motion. The injured worker had a prior cervical epidural steroid injection on October 23, 2013. The documentation in a hand written note states 50% improvement for six weeks. However, there is no clinical documentation of a neurologic examination or objective evidence of radiculopathy documented. The guidelines indicate radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. MRI of the cervical spine dated April 5, 2012 showed straightening cervical lordotic curvature, disk desiccation C-2 - C4 and C5 - C7, annular tears at C4 - C5, C-5 -C6 and C6 - C7, endplate changes at C3 - C6 and at C6 - C7 a diffuse disc protrusion. Consequently, absent clinical documentation with objective documentation of radiculopathy, repeat cervical epidural steroid injection C6 - C7 is not medically necessary.