

Case Number:	CM15-0089290		
Date Assigned:	05/13/2015	Date of Injury:	03/08/2003
Decision Date:	06/17/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/08/2015

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 61 year old male who sustained an industrial injury on 03/05/2003. Current diagnosis includes cervical radiculopathy. Previous treatments included medication management, and radio-frequency rhizotomy median branch block bilateral C3-C5 in 2014. Previous diagnostic studies include urine drug screening and MRI of the cervical spine. Report dated 03/19/2015 noted that the injured worker presented with complaints that included severe right neck pain and right shoulder until the distal arm, and severe intolerance to any neck rotation. It was noted that the injured worker was doing reasonably well since the radio-frequency rhizotomy median branch block in 07/2014, but now has severe electrical pain. Pain level was 5 out of 10 (baseline) and 10 out of 10 (top) on a visual analog scale (VAS). Physical examination was positive for Spurling's and facet provocation test on the right, muscle spasms in the trapezius muscle, right paraspinal muscles, and cervical spine, decreased sensation in the C6 dermatome bilaterally and C4 dermatome on the right, and deep tendon reflexes are absent to trace in the right biceps. The treatment plan included request for transforaminal epidural steroid injection, increasing gabapentin, Fenoprofen, Tramadol ER, Viibryd, and cyclobenzaprine. Disputed treatments include transforaminal epidural steroid injection right C3-4 and C5-6, cervical spine, Under fluoroscopic guidance and conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection right C3-4 and C5-6, Cervical spine, Under fluoroscopic guidance and conscious sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

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

Decision rationale: The 61 year old patient complains of pain in right neck, right shoulder scapular region, and the distal upper region, rated at 5-10/10, as per progress report dated 03/19/15. The request is for TRANSFORAMINAL EPIDURAL STEROID INJECTION RIGHT C3-4 AND C5-6, CERVICAL SPINE, UNDER FLUOROSCOPIC GUIDANCE AND CONSCIOUS SEDATION. The RFA for this case is dated 03/19/15, and the patient's date of injury is 03/05/03. Diagnoses, as per progress report dated 03/19/15, included cervical spondylosis, cervical disc displacement, cervical radiculopathy, and cervical C3-4 spondylolisthesis. Medications included Gabapentin, Fenoprofen, Tramadol, Viibryd and Cyclobenzaprine. The patient is status post bilateral radiofrequency rhizotomy medial branch at C3, C4 and C5, as per progress report dated 09/30/14. The progress reports do not document the patient's work status. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The Guidelines also state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicularcervical pain." The request for cervical epidural injection is noted in progress report dated 03/19/15. The progress reports do not document prior ESI of the cervical spine. The treater does not explain why this injection was not tried in the past. Physical examination, as per the 03/19/15 report, revealed very strongly positive Spurling's test and facet provocation test on the right side but not on the left. MRI scan, date not mentioned, as per the same progress report, revealed C3-4 and C5-6 foraminal stenosis along with C4 and C6 nerve impingement. Given the symptoms of radiculopathy and corroborating diagnostic evidence, the request is reasonable and IS medically necessary.