MAXIMUS Federal Services

Case Number:	CM14-0098139		
Date Assigned:	07/28/2014	Date of Injury:	12/09/2013
Decision Date:	09/22/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 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 70-year-old male who reported an injury on 12/09/2013 due to a fall while working at [redacted]. The injured worker has diagnoses of cervical strain, cervical radiculopathy, supraspinatus tendinitis, and subacromial bursitis. Past treatment included physical therapy, chiropractic therapy, and medication therapy. Medications for the injured worker included Tylenol #3. There was no duration, frequency, or dosage documented. An MRI obtained on 05/12/2014 of the injured worker's cervical spine revealed findings of multilevel degenerative disc disease with moderate to severe neural foraminal stenosis. The injured worker complained of cervical and thoracic spine pain, which he rated at a 6/10. The physical examination dated 07/02/2014 revealed that the injured worker cervical spine had no loss of normal cervical lordosis or any other abnormal curvatures. There were no visible deformities. The injured worker had limited range of motion of the cervical spine. The injured worker had a flexion and extension of 20 degrees, limited to pain. The injured worker did not complain of increasing pain toward terminal range of motion. He was tender to palpation in the cervical paraspinals. The treatment plan was for the injured worker to have a referral for an orthopedic surgeon for bilateral cervical spine epidural steroid injections at C5-6. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an Orthopedic surgeon for bilateral cervical spine epidural steroid injection at C5-C6: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale:The request for Referral to an orthopedic surgeon for bilateral cervical spine epidural steroid injection at C5-C6 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing and it must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. California MTUS guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The submitted report indicated that the injured worker's pain had no change in location, quality, and intensity of character. The submitted documentation revealed that the injured worker continued with dull aching pain in his cervical spine, better from previous examination. The medications provided some relief to the injured worker's pain, but the report did not show any indication of the medications being effective or ineffective to the injured worker's functionality. Furthermore, the guidelines stipulate that radiculopathy must be documented by a physical examination and corroborated by imaging studies. The report dated 05/12/2014 stated that a diagnostic impression revealed evidence of radiculopathy, but the diagnostics were not submitted for review. The Official Disability Guidelines recommend office visits as they are to be determined medically necessary. Evaluation and management outpatient visits to the office of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for an office referral visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines, such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit or referral for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system through self-care as soon as clinically feasible. Given the above guidelines, and the need for cervical spine ESI at C5-6 is not medically necessary.