

Case Number:	CM15-0006296		
Date Assigned:	01/26/2015	Date of Injury:	09/19/2013
Decision Date:	03/17/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	01/12/2015

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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker (IW) is a 54 year old male, who sustained an industrial injury on September 19, 2013. He has reported neck and low back pain radiating to the left lower extremity and was diagnosed with cervical and lumbar spine, protruding discs with radiculopathies. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, pain medications and work status modifications. Currently, the IW complains of neck and low back pain with radiating pain to the left, lower extremity. The IW reported crashing a fork lift into a ramp resulting in neck, low back and left lower extremity pain. It was noted he had a separate injury in 2007 that resolved with physical therapy. On October 6, 2014, evaluation revealed pain as described above. Magnetic resonance imaging of the cervical and lumbar spine revealed disc protrusions at both levels. A request for electromyography (EMG)/nerve conduction studies, physical therapy, epidural steroid injections, a cane and oral pain medications were made. EMG/nerve conduction studies performed on April 2014 were noted to be negative. On November 11, 2014, evaluation revealed continued severe pain. The IW was noted to use crutches for ambulation. The pain medications were continued. On December 3, 2014, evaluation revealed the pain continued. He reported going to approximately 16 physical therapy sessions without noted improvement. The recommendation is epidural steroid injection. On January 3, 2015, Utilization Review non-certified a steroid injection of the cervical and thoracic spine, noting MTUS, ACOEM Guidelines, (or ODG) was cited. On January 7, 2015, the injured worker submitted an application for IMR for review of requested cervical and thoracic spine injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inject Spine Cerv/Thoracic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Back Chapter. Sedation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 309, 173.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy. In fact, the EMG/nerve conduction studies performed on April 2014 were noted to be negative. MTUS guidelines does not recommend epidural injections for pain without radiculopathy. Therefore, Thoracic/cervical spine injection is not medically necessary.