

Case Number:	CM15-0015830		
Date Assigned:	02/03/2015	Date of Injury:	10/23/2013
Decision Date:	03/26/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

This 57 year old man sustained an industrial injury on 10/23/2013 to his neck and ankle and developed inguinal and umbilical hernias after tripping over a wire while picking berries. Current diagnoses include cervical disease with radiculopathy, headache, neck, foot and ankle joint pain, and inguinal hernia. Treatment has included oral medications, physical therapy, and home exercise program. The 2014 EMG of the cervical spine / upper extremities was reported as normal. The MRI of the cervical spine showed multilevel degenerative disc disease, spondylosis and mild stenosis. Physician notes dated 12/22/2014 show complaints of neck pain with radiation behind the right ear. There were subjective findings of decreased range of motion of the cervical spine and decreased sensation along the right C6,7,8 dermatomes. The medications listed are gabapentin, Advil, Dicofenac and Hydrocodone. Recommendations are for cervical epidural steroid injections and acupuncture treatment. On 12/31/2014, Utilization Review evaluated a prescription for epidural steroid injection at C7-T1, that was submitted on 1/27/2015. The UR physician noted documentation did not support radiculopathy. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Pain Chapter Neck and Upper Back Epidural Injection

Decision rationale: The CA MTUS and the ODG guidelines recommend that cervical epidural steroid injection can be utilized for the treatment of cervical radiculopathy when conservative treatments with medications and PT have failed. The records did not show EMG and MRI findings that was consistent with cervical radiculopathy although there were some subjective and objective findings consistent with radiculopathy. The patient is currently responding to medications management. There is no documentation of recent completion of PT treatments. The criteria for C7-T1 epidural steroid injection was not met.