

Case Number:	CM15-0112204		
Date Assigned:	06/18/2015	Date of Injury:	10/07/2013
Decision Date:	07/24/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/10/2015

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, California
 Certification(s)/Specialty: Family Practice

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 was a 59-year-old male, who sustained an industrial injury, October 7, 2013. The injured worker previously received the following treatments Gabapentin, EMG (electrodiagnostic studies) of the lower extremities which showed bilateral L5/S1 radiculopathy; worse on the left and underlying motor/sensory polyneuropathy involving the lower limbs, Naproxen which caused gastrointestinal upset, lumbar spine MRI and cervical MRI which showed multilevel foraminal stenosis and some canal stenosis with fusion at C3-C4 facet as well as anterolisthesis of C4 relative to C5. The patient has had an EMG study of the bilateral UE on 3/16/15 that revealed distal peripheral neuropathy without evidence of radiculopathy. The injured worker was diagnosed with cervical spondylosis without myelopathy, spondylosis, spondylosis lumbosacral without myelopathy, lumbar disc displacement without myelopathy and long term use of medications (narcotics). According to progress note of May 22, 2015, the injured worker's chief complaint was neck pain with radiation of pain into the bilateral upper extremities. The pain was significantly worse at night, with some associated numbness and tingling in the hands that kept the injured worker awake at night. The pain was made worse by use of the upper extremities. The injured worker was having persistent numbness and tingling in the fourth and fifth digits bilaterally. The injured worker's lower back pain was rated at 7-8 out of 10, with radiation of pain into the lower extremities; left greater than the right. The radicular symptoms were described as numbness and tingling with pain that extends posteriorly into the left calf and into the ball of the left foot. The pain was made worse by walking more than 20 minutes. The pain was better with Gabapentin. Physical examination of the cervical region and UE revealed 5/5 strength, normal muscle tone and no muscle atrophy. Detailed physical examination of the cervical region was not specified in the records provided. The physical exam noted decreased sensation in the left L5 and left S1 dermatomes. The medication list include Gabapentin and Nabumatone. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI at C3-C4 and C4-C5 Cervical Epidurogram under fluoroscopic guidance with IV Sedation: 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 injections (ESIs) Page(s): 46.

Decision rationale: Cervical ESI at C3-C4 and C4-C5 Cervical Epidurogram under fluoroscopic guidance with IV Sedation. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Physical examination of the cervical region and UE revealed 5/5 strength, normal muscle tone and no muscle atrophy. The patient has had EMG study of the bilateral UE on 3/16/15 that revealed distal peripheral neuropathy without evidence of radiculopathy. Radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing was not specified in the records provided. Consistent objective evidence of upper extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the cervical ESI. As stated above, ESI alone offers no significant long-term functional benefit. With this, it is deemed that the medical necessity of request for Cervical ESI at C3-C4 and C4-C5 Cervical Epidurogram under fluoroscopic guidance with IV Sedation is not fully established for this patient.