

Case Number:	CM15-0112830		
Date Assigned:	06/19/2015	Date of Injury:	08/12/2012
Decision Date:	08/04/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/11/2015

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 is a 58-year-old female, who sustained an industrial injury on August 12, 2012. She reported an injury to her neck and upper back. Treatment to date has included diagnostic imaging, physical therapy, work restrictions, and anti-inflammatory medication. Currently on 4/29/15, the injured worker complains of intermittent moderate neck and back pain. On physical examination of the cervical spine, the injured worker has tenderness to palpation over the paracervical and trapezial musculature. She has a positive cervical distraction test and muscle spasms. Her cervical spine has a limited range of motion due to pain. The patient has had decreased sensation in upper extremity at C6 distribution. The diagnoses associated with the request include cervical spine sprain/strain with radicular complaints. The treatment plan includes pain management consultation for a cervical spine epidural injection and acupuncture. The patient has had EMG study on 12/22/14 of upper extremity that was negative for radiculopathy. The patient has had MRI of the cervical spine on 12/12/14 that revealed disc protrusion and foraminal narrowing, facet hypertrophy and degenerative changes. The medication list includes Maxite and Motrin. 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:

C5-C6 Cervical Steroid Injection with monitored anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: Request: C5-C6 Cervical Steroid Injection with monitored anesthesia care. 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 electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The patient has had EMG study on 12/22/14 of upper extremity that was negative for radiculopathy. Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic 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. 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, the request for C5-C6 Cervical Steroid Injection with monitored anesthesia care is not medically necessary for this patient.