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| Case Number: | CM15-0115135 | | |
| Date Assigned: | 06/23/2015 | Date of Injury: | 10/07/2013 |
| Decision Date: | 07/22/2015 | UR Denial Date: | 05/29/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 39 year old male, who sustained an industrial injury on 10/07/2013. He has reported injury to the neck, bilateral shoulders, bilateral hands/wrists, and low back. The diagnoses have included cervical radiculopathy; chronic nonmalignant pain of the cervical spine; cervical spine degenerative disc disease; bilateral shoulders acromioclavicular joint arthrosis; and low back pain. Treatment to date has included medications, diagnostics, cervical epidural injection, chiropractic therapy, physical therapy, and home exercise program. Medications have included Synapryn, Tabradol, Deprizine, Dicopanol, Fanatrex, Cyclobenzaprine, Ketoprofen cream, and topical compounded creams. A progress note from the treating physician, dated 04/29/2015, documented a follow-up visit with the injured worker. The injured worker reported chronic pain in the cervical spine and low back; pain level is rated 8/10 on the numeric pain rating scale without medications; pain is rated at 6/10 with medications; he is status post cervical epidural injection in February, with complete resolution of pain in his right upper extremity for approximately eight weeks; he is experiencing numbness and tingling in this particular body part; and he would like to undergo an additional injection. Objective findings included mild spasm and tenderness over the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension; and dysesthesia is noted in C6 and C7 dermatomal distributions bilaterally, more so on the right side. The treatment plan has included the request for cervical epidural injection C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Cervical epidural injection C6-7 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The documentation does not give findings that are consistent with a 50% pain relief for up to 8 weeks post injection. The 3/5/15 documentation indicates a pain level of 5/10. The pain had a 5/10 pain level in February prior to his injection. The request for a cervical epidural is not medically necessary.