

Case Number:	CM15-0115807		
Date Assigned:	06/30/2015	Date of Injury:	11/19/2013
Decision Date:	08/04/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 55 year old male who sustained an industrial injury on 11/19/13 from twisting his left knee and developed acute neck pain concurrently. He also noticed some soreness in his low back. He was medically evaluated and had x-rays of his left knee and low back. He had physical therapy. His diagnoses were lumbar strain, sciatica, knee strain and low back pain. In 2010 there was an injury to the left knee and tore his anterior cruciate ligament. He currently complains of cervical pain and spasm with left upper extremity pain, paresthesias and weakness and decreased range of motion; he has left knee pain with instability. His pain level is 4/10 with medication and 6 and up/10 without medications. On physical exam of the cervical spine there was a positive Spurling on the left; there was tenderness on palpation of the left knee. Medications are hydrocodone, Voltaren cream and Neurontin. Diagnoses include status post left knee anterior cruciate ligament reconstruction and now with re-tear; cervical radiculopathy; cervical disc herniation; cervical disc disorder; foraminal stenosis of the cervical region. Treatments to date include ice; heat; e-stimulator; medications; physical therapy. Diagnostics include cervical MRI (1/20/15) showing stenosis and degenerative disc disease; cervical MRI (10/6/14) showing disc protrusion, foraminal stenosis. In the progress note dated 1/20 15 the treating provider's plan of care included a request for left C3-4, C4-5, C5-6, C6-7 foraminal steroid injection with computed tomography guidance to see if it improves his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT guided bilateral C3-C4, C4-C5, C6-C7 foraminal ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/22207298>.

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

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected at one session. Within the documentation available for review, the patient has clinical and imaging evidence suggestive of radiculopathy. The utilization reviewer apparently had a teleconference with the provider, where it was agreed that only two levels would be injected in accordance with the guidelines, and the request was modified accordingly. Currently, the request as written is for three levels and, unfortunately, there is no provision for modification of the request. In light of the above issues, the currently requested epidural steroid injection is not medically necessary.