

Case Number:	CM15-0119032		
Date Assigned:	06/29/2015	Date of Injury:	07/28/2011
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

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 59 year old male, who sustained an industrial injury on July 28, 2011. He reported a sharp pain in his neck with radiation of pain down the left upper extremity and reported back pain. Treatment to date has included MRI of the cervical spine, cervical spine fusion, trigger point injections, medications, CT of the head, and neck brace. Currently, the injured worker complains of mild constant pain in the neck and increased to moderate level with prolonged head and neck flexion and extension or heavy lifting. Objective findings included post-operative MRI of the cervical spine on October 31, 2014, which revealed moderate C5-C6 right side nerve impingement. The evaluating physician noted that the injured worker's symptoms are relative to the left side of the cervical spine. The diagnoses associated with the request include left C5-C6 foraminal stenosis. The treatment plan includes cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine Epidural Steroid Injection under fluoroscopy at C5-6 #2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, ESI for the neck.

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

Decision rationale: The claimant sustained a work injury in July 2011 and continues to be treated for radiating neck pain. He underwent a multilevel cervical spine fusion in March 2014. An MRI of the cervical spine in October 2014 is referenced as showing left lateralized C5-6 foraminal narrowing and EMG/NCS testing in November 2014 as showing mild chronic left C5-6 radiculopathy. When seen, there was cervical spine tenderness with muscle spasms and painful and guarded range of motion. There was left shoulder weakness attributed to pain. A trigger point injection was performed. On 03/30/15 a C5-6 interlaminar epidural injection was performed. Fluoroscopic guidance and contrast were used for the procedure. On 04/10/15, there had only been minimal relief. On 06/05/15, the epidural injection is referenced as having provided benefit with decreased neck and shoulder pain and improved mobility. A second epidural injection was requested. Guidelines recommend that, in the therapeutic phase, repeat injections 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. In this case, the degree and duration of pain relief following the previous is not documented. The requested repeat epidural steroid injection was not medically necessary.