

Case Number:	CM15-0119358		
Date Assigned:	06/29/2015	Date of Injury:	08/25/2010
Decision Date:	08/05/2015	UR Denial Date:	05/22/2015
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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 08/25/2010. On provider visit dated 05/11/2015 the injured worker has reported neck pain, low back pain and upper pain in right wrist. On examination of the cervical pain tenderness and limited range of motion was noted. The diagnoses have included cervical facet arthropathy, cervical radiculopathy C4-C5 versus C6-C7 annular tear. Treatment to date has included physical therapy and medication. The provider requested right C4-6 cervical epidural under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-6 cervical epidural under fluoroscopy: Overturned

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(s): 46-47.

Decision rationale: The patient presents with neck pain, low back pain, and upper pain in right wrist. The current request is for right C4-6 cervical epidural under fluoroscopy. The treating physician states, in a report dated 05/11/15, "The patient has failed conservative treatment (including drug therapy, activity modifications, and/or physical therapy) as noted above: and

wishes to proceed with a cervical interlaminar epidural steroid injection for the right C4-6 level in efforts to avoid surgical intervention. The goal of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. Therefore, a diagnostic cervical interlaminar epidural steroid injection using fluoroscopy is being requested. (9B) MRI of the Cervical Spine Date: 10- 7-11 Significant findings include: 1. Reversal of cervical lordosis. This may be associated with spasm. 2. C4-5: There is a 2 mm posterior disc protrusion/extrusion with annular tear/fissure. A 2 mm anterior disc protrusion/extrusion is also noted, with bilateral facet arthropathy. 3. C5-6: A 3 mm posterior disc protrusion/extrusion is present. Bilateral exiting nerve root compromise and a 3-4 mm anterior disc protrusion/extrusion is also seen. 4. C6-7: There is a 2-3 mm posterior disc protrusion/extrusion with associated left exiting nerve root compromise at this level. There is also bilateral facet arthropathy." The MTUS guidelines state, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the treating physician documents, "The patient is the diagnostic phase of receiving epidural steroid injections, as this will be the patient's initial injection." In this case, the patient has documented radiculopathy and positive cervical MRI findings with no prior history of cervical epidural steroid injection. The current request is medically necessary.