

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0125788 | | |
| Date Assigned: | 07/10/2015 | Date of Injury: | 05/08/2013 |
| Decision Date: | 08/06/2015 | UR Denial Date: | 06/09/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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 53 year old male who sustained an industrial injury on May 8, 2013. He has reported low back pain and has been diagnosed with lumbar spine musculoligamentous sprain strain with bilateral upper extremity radiculitis, bilateral sacroiliac joint sprain, disc desiccation/disc protrusion at L4-5 and L5-S1, facet hypertrophy at L4-5 with stenosis, and four millimeter disc protrusion at L4-5, bilateral great toe degenerative joint disease and status post-surgery on the left-improved, status post-surgery on the right great toe, and cervical spine musculoligamentous sprain strain with multilevel disc protrusion and myofascial pain syndrome. Treatment had consisted of chiropractic care, physical therapy, medical imaging, acupuncture, medications, and injections. Examination of the cervical spine reveals a decreased in the cervical lordotic curvature. There was tenderness to palpation with muscle spasm to present over the bilateral upper trapezius muscles and bilateral paravertebral musculature. Examination of the lumbar spine revealed tenderness to palpation with muscle spasm over the bilateral paravertebral musculature and bilateral sacroiliac joints. Range of motion was decreased. The treatment request included injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C3-C4 transfacet epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant sustained a work-related injury in May 2013 and is being treated for neck pain. When seen, he had neck pain and neck numbness and a sharp pain when turning to the right . Physical examination findings included cervical tenderness and muscle guarding with positive bilateral Spurling and Compression testing. There was decreased right upper extremity strength with normal sensation. An MRI of the cervical spine in May 2015 showed mild multilevel canal and foraminal narrowing. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased right upper extremity strength with positive Spurling and Compression testing. However, there are no findings of neural compromise by recent MRI scan of the cervical spine. The request cannot be accepted as being medically necessary.

Right C5-C6 transfacet epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant sustained a work-related injury in May 2013 and is being treated for neck pain. When seen, he had neck pain and neck numbness and a sharp pain when turning to the right . Physical examination findings included cervical tenderness and muscle guarding with positive bilateral Spurling and Compression testing. There was decreased right upper extremity strength with normal sensation. An MRI of the cervical spine in May 2015 showed mild multilevel canal and foraminal narrowing. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased right upper extremity strength with positive Spurling and Compression testing. However, there are no findings of neural compromise by recent MRI scan of the cervical spine. The request cannot be accepted as being medically necessary.