

Case Number:	CM15-0128724		
Date Assigned:	07/10/2015	Date of Injury:	10/14/2014
Decision Date:	08/06/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/02/2015

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 55 year old male, who sustained an industrial injury on October 14, 2014. He reported an injury to his neck, left shoulder and low back. Treatment to date has included pain diagnostic imaging, medication, orthotics, physical therapy, chiropractic therapy. Currently, the injured worker complains of neck pain with radiation of pain to the bilateral upper shoulder area. He reports associated numbness and tingling to the left upper extremity with neck pain. The injured worker reports low back pain with radiation of pain to the left lower extremity to the level of his left knee. He has a negative straight leg raise test. Facet loading and Patrick's tests were positive on the left and Spurling's test was positive bilaterally. He has tenderness to palpation over the left lumbar paraspinal muscles. The diagnoses associated with the request include cervicalgia, cervical radiculopathy, cervical disc protrusion, and cervical spondylosis. The treatment plan includes continuation of Tramadol, urine drug screen, lumbosacral brace replacement and cervical epidural steroid injection at C4-5, C5-6 and C6-7 with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical steroid injections at the C4-C5, C5-C6 and C6-C7 with fluroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
ESI Page(s): 46.

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

Decision rationale: Cervical steroid injections at the C4-C5, C5-C6 and C6-C7 with fluroscopy are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that for epidural steroid injections if used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks and there should be no more than one interlaminar level should be injected at one session. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings of radiculopathy in the proposed area for epidural steroid injection. Furthermore, the needle portion of the February 2015 EMG is absent therefore radiculopathy cannot be ruled in or out on this study. Additionally, the request as written exceeds the recommended number of injections by the MTUS. For all of these reasons the request for cervical steroid injections is not medically necessary.