

Case Number:	CM15-0146761		
Date Assigned:	08/21/2015	Date of Injury:	04/28/1993
Decision Date:	10/13/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/28/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 72 year old male sustained an industrial injury on 4-28-93. Documentation indicated that the injured worker was receiving treatment for degeneration of cervical intervertebral disc and myofascial pain dysfunction syndrome. Recent treatment consisted of ongoing acupuncture, cervical epidural steroid injection (undated), and medications. In a progress note dated 6-24-15, the injured worker complained of neck pain with radiation to the left upper extremity, rated 6.5 out of 10 on the visual analog scale. The injured worker reported that acupuncture continued to manage the numbness in his upper extremities. Physical exam was remarkable for 5 out of 5 bilateral upper extremity strength with the exception of 4 out of 5 strength to the left deltoid at the C5 distribution and intact sensation to bilateral upper extremities. The physician noted that the injured worker had deemed to be a candidate for 3-level cervical fusion but had been recommended to try to manage his pain with injection therapy prior to proceeding with surgery. The treatment plan included a second (in a series of 3) cervical epidural steroid injection at C6-7, continuing acupuncture, and prescriptions for Lidoderm and Baclofen. On 7-6-15, Utilization Review non-certified a request for cervical epidural steroid injection at C6-7 under fluoroscopy and conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C6-7 fluoroscopy & conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The MTUS cited recommends epidural steroid injections (ESIs) as an option for the treatment of radicular pain, and in general, no more than two total injections. The injured worker must have radiculopathy documented by exam, corroborated by imaging and/or electrodiagnostic studies, and be unresponsive to conservative management. No more than two nerve root levels should be injected with a transforaminal block or one interlaminar level injection per session. In the case of this injured worker, the physical exam from 6-24-15 demonstrates slight C5 motor weakness 4/5 on the left, but otherwise sensation and strength were normal (reflexes not documented). In addition, an MRI report (per Utilization Review) describes disc protrusion and facet arthropathy causing mild effacement of the thecal sac at C6-7, but there is no documentation of nerve compression at the appropriate nerve roots. Most importantly, the treating provider has noted that the injured worker has had pain relief with conservative therapies, to include managing upper extremity paresthesias with acupuncture. The request does not meet guideline criteria at this time; therefore, the request for cervical epidural steroid injection at C6-7 with fluoroscopy & conscious sedation is not medically necessary and appropriate.