

Case Number:	CM15-0172061		
Date Assigned:	09/14/2015	Date of Injury:	03/31/2008
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/01/2015

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 67 year old male, who sustained an industrial injury on March 31, 2008, resulting in pain or injury to the bilateral wrists, bilateral shoulders, neck, low back, and bilateral knees due to repetitious tasks. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain, facet arthropathy L3-L4, L4-L5, and L5-S1, cervical spondylosis with bilateral; foraminal stenosis C4-C5 and C5-C6m status post left knee arthroscopy with partial meniscectomy of medial meniscus in 2011, status post arthroscopic subacromial decompression in 2011, and chronic bilateral wrist sprain. On July 22, 2015, the injured worker reported neck pain, right wrist and right shoulder pain that radiates to the right hand, left wrist and shoulder pain, right knee pain, left knee pain, and lower back pain. The Treating Physician's report dated July 22, 2015, noted the cervical spine examination to show normal cervical lordosis, no evidence of torticollis or deformity, tenderness to palpation to the trapezii, without tenderness to palpation of the cervical midline or medial scapular borders or spasm of the paracervical muscles. The cervical spine range of motion (ROM) was noted to be 100% in flexion and 75% of normal in the cervical extension, bilateral flexion, and bilateral rotations. The treating physician indicates that radiographs of the cervical spine dated July 22, 2015, was noted to show normal cervical lordosis, coronal alignment within normal limits, vertebral heights within normal limits, disc heights maintained at all levels, and mild anterior osteophytes at C4-C5 and C%-C6, with the impression of cervical spondylosis. The Physician noted "the patient would be best managed with a cervical epidural steroid injection, rather than surgery at this juncture." Prior treatments have included left shoulder surgery, left knee surgery,

lumbar epidural steroid injection (ESI), trigger point injections, and medications. The injured worker was noted to have last worked April 30, 2008, remaining permanent and stationary. The documentation submitted for review included the results of the MRI of the cervical spine dated May 20, 2015, which was noted to be an "essentially normal MRI of the cervical spine for patient's age." The request for authorization dated August 7, 2015, requested a cervical epidural steroid injection (ESI). The Utilization Review (UR) dated August 18, 2015, noted the request for a cervical epidural steroid injection (ESI) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: 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 claimant sustained a work injury in March 2008 and is being treated for neck pain with radiating symptoms into the right hand, bilateral wrist and knee pain, and constant radiating low back pain. When seen, there was bilateral trapezius muscle tenderness. Cervical spine range of motion was decreased and painful. Upper extremity strength and sensation were normal. Upper extremity reflexes were absent bilaterally. An MRI of the cervical spine was done on 05/20/15. The report references multilevel disc dessication with no foraminal or canal compromise and the study was considered essentially normal. When this request was made, the MRI scan is referenced as showing moderate multilevel bilateral foraminal stenosis. It is not clear whether it was independently reviewed. A cervical epidural injection is being requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. Imaging findings are variably reported. The requested epidural steroid injection was not medically necessary.