

Case Number:	CM15-0172350		
Date Assigned:	09/14/2015	Date of Injury:	12/29/1997
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
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: Arizona, California

Certification(s)/Specialty: 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:

The injured worker is a 56 year old male who sustained an injury on 12-29-97. Diagnoses include spinal stenosis; lumbar post laminectomy syndrome; osteoarthritis knee; cervical radiculopathy due to DID; lumbar radiculopathy; cervical post laminectomy syndrome; cervical radiculopathy; pain in knee; pain in joint shoulder and post laminectomy syndrome. The PR2 from 8-6-15 indicates a follow up of his cervical pain that occurs persistently and has increased within the last 2-3 months. It is dull and stabbing under the left shoulder blade; numbness and tingling bilateral fingertips; radiates to the right and left shoulder. He states that his neck and upper back pain are getting worse. MRI Scan of the lumbar spine (5-21-14) shows posterior fusion L4-5 and L5-S1 with decompression and pedicle fixation. He has had prior lumbosacral surgery with subsequent removal of the hardware. Medications include Cyclobenzaprine HCL; Zolpidem Tartrate; Ibuprofen; Oxycodone HCL; Valium; Fentanyl; and Flector. Neurological examination reveals numbness of both hand and feet; neck pain and stiffness; positive Spurling's maneuver bilaterally with restriction cervical rotation right nearly 50 %; shoulder range of motion is full and non-painful and spasm along the cervical paraspinals and trapezius regions bilaterally. There is sensory to light touch in the arms; no focal weakness and no long tract signs and all reflexes were one plus. Work status was noted as full time. MRI cervical spine (5-21-14) shows severe foraminal narrowing on the right C3-4, C4-5 and C5-C6; the cord is not impinged. The treatment plan included a request for authorization for bilateral C4 selective nerve root blocks. Current requested treatments cervical spine TF ESI, SNRB directed to C4 under fluoroscopy. Utilization review 8-12-15 requested treatment is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine TF ESI/SNRB directed to C4 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter/Lower Back Chapter - Epidural Steroid Injections (ESIs).

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

Decision rationale: In this case, there are physical findings of abnormal sensation related to the cervical spine with a positive Spurling's but the MRI does not show a cord impingement. The guidelines require correlation between imaging and exam. As a result, the request for the C4 ESI is not medically necessary.