MAXIMUS Federal Services

Case Number:	CM15-0176252		
Date Assigned:	09/17/2015	Date of Injury:	08/18/2006
Decision Date:	10/20/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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 was a 54-year-old female, who sustained an industrial injury, August 18, 2006. According to progress note of June 16, 2015, the injured worker's chief complaint was neck pain with shooting pain down into the upper extremities, right more than the left with tingling, numbness and paresthesia. The injured worker rated the pain at 4-5 out of 10 at this visit. The injured worker had 50-60% relief from trigger point injections. The physical exam noted the range of motion to the cervical spine was restricted. The manual motor strength was 5 out of 5 with give-way weakness of 4 out of 5 in the right upper extremity. There was non-dermatomal diminished sensation to light touch in the right forearm. The right -sided Spurling's maneuver was positive. There were paravertebral muscle spasms and localized tenderness was present in the lower cervical region. The injured worker was currently taking Tylenol #3 two times daily and Neurontin 600mg 2 times daily for pain. According to the progress noted of July 30, 2015, the injured worker's pain level was 6-7 out of 10. The pain medication helped for a few hours and the pain starts coming back. The pain was aggravated by bending, turning and extending the neck made to worse. The physical exam was unchanged for the June 16, 2015 exam. The treating physician restarted Naproxen and Flexeril along with continuation of the current medications. The injured worker was undergoing treatment for central canal stenosis from C4 through C6 (MRI confirmed), right paracentral and lateral disc protrusion at C5-C6, disc bulge at C3-C4 (MRI confirmed), status post left shoulder rotator cuff repair, full thickness tears of the distal supraspinous tendon (MRI confirmed), right median (carpal tunnel syndrome) and left ulnar neuropathies (updated EMG studies confirmed) and right C5-C6 dorsal rami

involvement (EMG studies confirmed). The injured worker previously received the following treatments; Ultram, Neurontin, Prilosec, Naproxen, Flexeril, home exercise program, Paxil, trigger point injection and Tylenol #3. The RFA (request for authorization) dated August 3, 2015 the following treatments were requested transforaminal cervical epidural steroid injection at C4-C7. The UR (utilization review board) denied certification on August 10, 2015: for the lack of documentation for functional improvement and at least 50% of pain relief with associated reduction in medications use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar cervical epidural steroid injection C4-C7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: In this case, the claimant has MRI abnormalities and a positive Spurling's signs consistent with cervical radiculopathy. The claimant has persistent neck pain despite undergoing conservative therapy. There is however not mentioned of fluoroscopic guidance for the procedure. As a result, the ESI as requested is not medically necessary or appropriate.