

Case Number:	CM15-0176718		
Date Assigned:	09/17/2015	Date of Injury:	04/19/2012
Decision Date:	10/27/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male who sustained an industrial injury on 4-19-12. The injured worker reported cervical and lower back pain. A review of the medical records indicates that the injured worker is undergoing treatments for post-laminectomy syndrome cervical fusion C3-4, myalgia and myositis, lumbosacral spondylosis and cervical radiculitis. Medical records dated 7-14-15 indicate pain rated at 7 out of 10. Treatment has included Norco since at least February of 2015, Elavil since at least March of 2015, cervical epidural steroid injection C3-4 (4-22-15), Tramadol since at least February of 2015, physical therapy, status post cervical fusion and decompress at C3-4 (3-26-14), Oxycodone since at least April of 2015, Amitriptyline since at least February of 2015, and a cervical spine magnetic resonance imaging (5-20-15). Objective findings dated 7-14-15 were notable for tenderness to palpation to cervical facets and trapezius, upper extremities with decreased grip strength. The original utilization review (8-13-15) denied a request for an outpatient epidural steroid injection at C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient epidural steroid injection at C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The 53 year old patient complains of pain in the lumbar spine, rated at 6/10, and pain in the cervical spine, rated at 7/10, as per progress report dated 08/05/15. The request is for Outpatient epidural steroid injection at C5-C6. The RFA for the case is dated 08/05/15, and the patient's date of injury is 04/19/12. The patient is status post C3-4 cervical fusion on 03/26/14, as per progress report dated 08/05/15. Diagnoses included postlaminectomy syndrome, myositis and myalgia, lumbosacral spondylosis, cervical radiculitis, and hypertension. Medications included Oxycontin, Hydrochlorothiazide and potassium chloride. The patient is not working, as per progress report dated 09/02/15 (after the UR denial date). The MTUS Chronic Pain Guidelines 2009 has the following regarding ESI under Epidural Steroid Injections (ESIs) section and page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." In this case, a request of left C5-6 epidural steroid injection is noted in progress report dated 08/05/15. A request for C6-7 epidural steroid injection is noted in progress report dated 07/28/15 but it is not part of the current request. As per progress report dated 06/16/15, the patient had a left C3-4 ESI and experienced only 30% reduction in pain for 2 weeks. The reports do not document prior C5-6 epidural steroid injections. Physical examination, as per the 08/05/15 report, revealed pain in C5 and C6 distribution, and the patient has been diagnosed with cervical radiculitis. MRI of the cervical spine, dated 05/20/15, revealed mild loss of disc signal with disc bulge and facet hypertrophy but without canal or foraminal stenosis. However, MTUS requires clear indication of radiculopathy during physical examination along with corroborating diagnostic evidence for ESI. Given the lack of such evidence during physical examination and MRI, the request for C5-6 ESI IS NOT medically necessary.