

Case Number:	CM15-0177828		
Date Assigned:	09/18/2015	Date of Injury:	02/02/2011
Decision Date:	10/21/2015	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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 51 year old male with an industrial injury dated 02-02-2011. A review of the medical records indicates that the injured worker is undergoing treatment for multilevel cervical spondylosis with multi disc bulges including C3-C7, disc herniation at C6-7 causing contouring of the anterior thecal sacs and stenosis, right upper extremity cervical radiculopathy and status post lumbar fusion at L4-5. Treatment has included diagnostic studies, prescribed medications, modified work duties, acupuncture therapy, chiropractic treatment, multiple lumbar epidural injections, home exercise program, and periodic follow up visits. Medical records (02-26-2015 to 07-08-2015) indicate ongoing lower back and neck pain. According to the progress note dated 06-09-2015, the injured worker reported constant neck and right upper extremity pain with associated numbness and tingling and low back pain. Objective findings (06-09-2015) revealed tenderness and guarding in the cervical spine with decreased range of motion secondary to pain. Positive Spurling's sign for pain radiating down the right upper extremity and decreased sensation in the right C6-7 dermatomes were also noted on exam. X-ray of cervical spine on 6-09-2015 revealed reversal of the cervical lordosis, mild degenerative changes C5-7 with bilateral neural foraminal narrowing. Magnetic Resonance Imaging (MRI) of the cervical spine on 04-16-2014 revealed multilevel disc protrusions with moderate right C4-5 facet hypertrophy and multilevel foraminal stenosis, moderate on the right C4-5 and C5-6 levels and moderate bilaterally at the C6-7 level. Updated electromyography (EMG) and nerve conduction study on 4-16-2015 was noted to be normal. The treating physician reported that the injured worker has been unresponsive to conservative treatment, including physical therapy, acupuncture and inflammatory medication. The treating physician prescribed services for cervical epidural steroid injection at C6-C7. The original utilization review determination (08-10-2015) denied the request for cervical epidural steroid injection at C6-C7.

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-C7: Overturned

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: Cervical epidural steroid injection at C6-C7 is medically necessary per the MTUS Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient's history/physical and cervical MRI findings are consistent with a cervical radiculitis in the area proposed for cervical epidural injection. The patient has been unresponsive to conservative treatments. therefore this request is medically necessary. The prior peer review stated that due to a normal NCS/EMG reported as normal that an epidural was not medically necessary; however, a patient can have cervical radiculitis (dorsal root ganglion compromise) which would present as a normal EMG/NCS. Additionally, the MTUS recommends that radiculopathy be corroborated by imaging and/or electrodiagnostic testing but not necessarily both. The request for a cervical epidural injection at C6-7 is reasonable and medically necessary.