

Case Number:	CM15-0024844		
Date Assigned:	02/17/2015	Date of Injury:	09/19/2013
Decision Date:	04/14/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/09/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 54-year-old male, who sustained an industrial injury on 9/19/2013. He has reported neck and back pain. The diagnoses have included cervical spine and lumbar disc herniation with left C6 and left S1 radiculopathy. Treatment to date has included medications and physical therapy. Currently, the IW complains of severe pain and spasms to neck, low back with radiation to shoulders and left upper extremity, as left leg. Physical examination from 12/16/14 documented muscle spasms to left side of the neck, and point tenderness, decreased cervical Range of Motion (ROM). There was also lumbar muscle spasms and positive Lasegue's test on the left with reduced lumbar Range of Motion (ROM). The plan of care-included continuation of home exercises, referral to pain management, continued cane use for ambulation and continued medication therapy as previously prescribed. On 1/24/2015 Utilization Review non-certified an injection of the spine cervical/thoracic (C4-7), noting the documentation did not support that the regulations had been met. The MTUS Guidelines were cited. On 2/9/2015, the injured worker submitted an application for IMR for review of injection of the spine cervical/thoracic (C4-7).

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-7 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injections at C4-C7 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and muscle relaxants); etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical spine protruding disc at C5 & C6; cervical spine left-sided C6 radiculopathy; lumbar spine protruding disc at L5 & S1; and lumbar spine left-sided S-1 radiculopathy. Subjectively, the injured worker complains of pain radiating down the left upper extremity and down his left lower extremity. Objectively, motor function with 5/5, otherwise normal. Sensation was normal in all dermatomes. There were no objective findings demonstrating radiculopathy. Electrodiagnostic studies did not show evidence of a cervical radiculopathy. MRI of the cervical spine showed a 3.5 mm midline disk bulge at the C4 & C5 level. Neural foramina are patent. The C5 & C6 level shows a 3.5 mm midline disk bulge. The neural foramina are patent. Overall, the documentation does not contain objective evidence of radiculopathy (by physical examination). Additionally, electrodiagnostic studies did not show evidence of a cervical radiculopathy. Magnetic resonance imaging is not show objective evidence to corroborate clinical radicular symptoms. Consequently, absent objective clinical documentation to support cervical radiculopathy with imaging and electrodiagnostic studies, epidural steroid injections at C4-C7 are not medically necessary.