MAXIMUS Federal Services

Case Number:	CM15-0026088		
Date Assigned:	02/18/2015	Date of Injury:	03/15/2008
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/11/2015

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, Hawaii
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 69-year-old male, who sustained an industrial injury on 3/15/2008. The diagnoses have included cervical spondylosis, and cervical radiculopathy. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, medications, heat application, epidural steroid injection (8/26/2013), and diagnostic imaging. Magnetic resonance imaging (MRI) of the cervical spine dated 5/20/2013 showed a motion-limited exam demonstrating mild C3-4 through C4-6 spondylosis. Currently, the IW complains of intermittent, sharp, stabbing neck pain. Pain is rated as 2/10 and has not worsened since the last visit. Objective findings included mild cervical spinal muscle tenderness with limited range of motion in all planes with grimacing at ends of range. On 1/15/2015, Utilization Review non-certified a request for cervical epidural steroid injection C7-T, noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/17/2015, the injured worker submitted an application for IMR for review of cervical epidural steroid injection at C7-T1.

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 C7-T1: Overturned

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

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

Decision rationale: The patient presents with chronic pain symptoms affecting in the cervical spine and lumbar spine. Current complaints are of intermittent, sharp, stabbing neck pain. The current request is for cervical epidural steroid injection at C7-T1. The patient previously had an epidural steroid injection dated 8/26/13, which provided significant relief of pain by 75 percent that lasted for 5 months, (A8). The treating physician report on 8/12/14 (A9) states that patient complained of gradual increase in neck pain and radiculopathy. The patient would like to have a repeat cervical epidural steroid injection. The 10/28/14 treating report (A9) notes that ESI would be reserved for flare-ups of neck pain with radiculopathy. The UR denial of this requested treatment was made because the reviewer wanted to see a more recent and complete clinical history. However, the denial was not based upon medical need or any published guidelines. MTUS Guidelines state: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. In this case, the treating physician has documented the patient's significant pain relief from his first ESI and that the patient's current pain and radiculopathy has gradually increased. Per MTUS Guidelines, radiculopathy has been documented by physical examination and corroborated by imaging studies and the conservative treatment efforts have not been able to prevent the gradual increase in neck pain and radiculopathy. Therefore, the current request is medically necessary and the recommendation is for authorization.