MAXIMUS Federal Services

Case Number:	CM15-0063748		
Date Assigned:	04/09/2015	Date of Injury:	10/26/1999
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/03/2015

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 60 year old female, who sustained an industrial injury on 10/26/1999. She has reported injury to the neck. The diagnoses have included cervical spondylosis; status post discectomy fusion C5-6; status post removal of previous plating and re-cervical plating with interlocking screws C5-6; and lumbosacral spondylosis. Treatment to date has included medications, diagnostics, and surgical intervention. Medications have included Norco, Celebrex, and Flector patches. A progress note from the treating physician, dated 01/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant pain and severe sciatica; and pain level is 10/10 on the visual analog scale without medication, and 7/10 with medication. Objective findings included tenderness to palpation of the lumbar paraspinous area; and decreased range of motion in all planes. Request is being made for Cervical epidural injection with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection with fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with neck pain, rated 7-8/10. The request is for CERVICAL EPIDURAL STEROID INJECTION WITH FLUOROSCOPY. There is no RFA provided and the date of injury is 10/26/99. The diagnoses have included cervical spondylosis; status post discectomy fusion C5-6; status post removal of previous plating and re-cervical plating with interlocking screws C5-6; and lumbosacral spondylosis. There are no physical exam findings or image studies provided in medical records. Treatment to date has included medications, diagnostics, and surgical intervention. Current medications have included Norco, Celebrex, and Flector patches. The patient is permanent and stationary. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." page 46 mtus, "and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Treater has not provided a reason for the request. No MRI reports are provided or EMG. No exam findings are provided for the Cervical spine and no dermatomal distribution of radicular symptoms are documented. MTUS require a clear diagnosis of radiculopathy for a trial of ESI. In this case, while some radicular numbness and tingling are noted in the arms, there is no exam or MRI/imaging studies showing a diagnosis of radiculopathy. Finally, MTUS p46 states, "and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request IS NOT medically necessary.