

Case Number:	CM15-0065254		
Date Assigned:	04/13/2015	Date of Injury:	09/02/1998
Decision Date:	05/13/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/06/2015

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 54 year old, female who sustained a work related injury on 9/2/98. She was lifting a patient that weighed approximately 260 pounds and "heard a cracking noise" in her back. She began to have pain in lower back, neck, shoulders and thorax. The diagnoses have included status post lumbar fusion, status post cervical fusion and adjacent level disc protrusions. Treatments have included x-rays, MRIs, use of a back brace and cane, physical therapy, injections, oral medications, Lidoderm patches, TENS unit therapy, left shoulder surgery, cervical spine surgery, and lumbar surgery x 2. In the Neurosurgical Evaluation Report dated 3/6/15, the injured worker complains of constant pain in entire back. She states the pain is getting worse in right upper back and right shoulder. She describes an aching sensation radiating down both arms, across lower back and down both legs. She rates the pain an average of 7-8/10. At best, the pain is a 6/10 with medications and a 9/10 at worst without medications. The treatment plan is a request for authorization for a trial cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Injection - Trial of cervical epidural steroid injection at C4-C5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: page 46, 2010 Revision, Web Edition.

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

Decision rationale: The patient presents with pain in the constant cervical spine that radiates down bilateral arms, across the low back, down the middle of the spine and down bilateral legs, rated 7-8/10. The request is for an Outpatient injection- trial of cervical epidural steroid injection at C4-C5. There is no RFA provided and the date of injury is 09/02/98. The diagnoses have included status post lumbar fusion, status post cervical fusion (C5-C6) and adjacent level disc protrusions. Per 03/06/15 report, physical examination to the cervical spine revealed tenderness to palpation and decreased range of motion with cervical flexion at 40 degrees, extension at 20 degrees and rotation 60 degrees bilaterally. MRI of the cervical spine performed on 10/21/14, revealed a central disc protrusion contacting the anterior surface of the cord. The protrusion measures approximately 3-3.5mm and the resultant midline AP diameter of the canal is 9mm consistent with low-grade acquired central stenosis. Treatments to date have included x-rays, MRIs, use of a back brace and cane, physical therapy, injections, oral medications, Lidoderm patches, TENS unit therapy, left shoulder surgery, cervical spine surgery, and lumbar surgery x 2. The patient's work status is unavailable. MTUS has the following regarding ESIs, 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." Per 03/06/15 report, treater states, "Patient underwent cervical fusion surgery at C5-6 in 2009. Since then she has been suffering from chronic neck pain and has been treated with exhaustive conservative care." In this case, the patient has neck pain with radicular symptoms down both arms with MRI showing disc herniation at C4-5, a potential source of nerve root irritation. Trial of one ESI would appear reasonable since the disc herniation is a new finding. The request IS medically necessary.