MAXIMUS Federal Services

Case Number:	CM15-0070955		
Date Assigned:	04/22/2015	Date of Injury:	02/13/2012
Decision Date:	05/27/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/14/2015

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 52 year old male who sustained an industrial injury on 2/13/12. The diagnoses have included spinal stenosis, brachial neuritis and post laminectomy syndrome. Treatment to date has included medications, ice/heat, massage, H-wave, transcutaneous electrical nerve stimulation (TENS) chiropractic, acupuncture, surgery, physical therapy, injections and activity modifications. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine. Currently, as per the physician progress note dated 3/23/15, the injured worker complains of periodic headaches with tingling and numbness in the left thumb and elbow. He is working full time with no restrictions. The pain is described as dull and aching pain which is constant and 4-5/10 on pain scale and decreased with medications. Physical exam revealed decreased neck range of motion, cervical scar and positive Spurling's test. There was weakness to the left biceps. The physician noted that the injured worker has radicular pain that has failed conservative care, the Magnetic Resonance Imaging (MRI) revealed stenosis and there was positive Spurling's test and abnormal sensory exam. The physician requested treatment included Cervical Epidural Steroid Injection Catheter with Fluoroscopy and Moderate Sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection Catheter with Fluoroscopy and Moderate Sedation:
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 Epidural steroid injections Page(s): 46.

Decision rationale: Cervical epidural steroid injection catheter with fluoroscopy and moderate sedation is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had multiple prior cervical epidural injections in the past. The MTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation is not clear that all prior cervical epidural injections have had at least 50% pain relief with reduction of medication for 6-8 weeks. Furthermore, the request does not specify which level or a laterality of these injections therefore this request is not medically necessary.