

Case Number:	CM15-0092411		
Date Assigned:	05/18/2015	Date of Injury:	11/12/1991
Decision Date:	06/18/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old male sustained an industrial injury to the neck and back on 9/5/85. Previous treatment included magnetic resonance imaging, cervical fusion, physical therapy, aquatic therapy, nerve blocks, injections, epidural steroid injections, transcutaneous electrical nerve stimulator unit, intrathecal pump, home exercise and medications. In a PR-2 dated 4/2/15, the injured worker complained of pain to the cervical spine, rated 4-6/10 on the visual analog scale, with numbness and tingling from the left trapezius to the left hand and dysesthesias in the right upper extremity to the right hand associated with weakness and spasms. The injured worker reported 50% relief of cervical radicular pain after previous cervical epidural steroid injection, however, his pain with radicular symptoms had returned. Documentation did not disclose the date of the last cervical spine epidural steroid injection. The injured worker reported that his intrathecal pump was not working as well as previously. The physician noted that magnetic resonance imaging cervical spine showed C3-4 and C4-5 disc protrusions causing neuroforaminal stenosis. Physical exam was remarkable for cervical spine with tenderness to palpation, restricted range of motion, positive Spurling's maneuver and decreased sensation at the right C3-8 and left C4-8 distributions. Current diagnoses included thoracic spine degenerative disc disease, cervical spine facet arthropathy, left ankle injury, lumbar spine sprain/strain, lumbar facet arthropathy, lumbar spine stenosis, lumbar spine radiculopathy, occipital neuralgia, cervical spine radiculopathy and failed neck surgery syndrome. The treatment plan included a series of 2-3 cervical spine epidural steroid injections, an intrathecal

pump side port dye study, continuing medications (Norco and Fentanyl), continuing aqua therapy and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 epidural steroid injection with anesthesia and fluoroscopic guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

Decision rationale: The claimant sustained a work-related injury in September 1985 and continues to be treated for chronic pain. He has an intrathecal opioid pump as well as oral and transdermal opioids. When seen, he was having neck pain with bilateral upper extremity dysesthesias. There was decreased cervical spine range of motion with decreased upper extremity strength and sensation. A prior cervical epidural steroid injection on 03/12/15 had produced 50% pain relief. A series of cervical epidural steroid injections was planned. X-ray findings include a multilevel anterior cervical decompression and fusion. In terms of a repeat epidural cervical injection, in the therapeutic phase, a repeat injection should only be offered if there is at least 50% pain relief for six to eight weeks. In this case, the duration of the claimant's response to the cervical epidural steroid injection done previously is not documented. However, the repeat injection was requested less than one month after the prior injection was performed. A repeat cervical epidural steroid injection is not medically necessary.