

Case Number:	CM15-0092571		
Date Assigned:	05/19/2015	Date of Injury:	06/14/1998
Decision Date:	06/18/2015	UR Denial Date:	04/17/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 60 year old male, who sustained an industrial injury on June 14, 1998. The injured worker was diagnosed as having cervical stenosis at C4-C5, C5-C6, and C6-C7 with cervical radiculopathy in the right upper extremity, and multilevel lumbar degenerative disc disease and stenosis. Treatment to date has included MRIs, electrodiagnostic study, meniscus tear repair, and medication. Currently, the injured worker complains of neck pain with numbness that radiates down his right arm, with low back pain radiating into his buttocks bilaterally. The Treating Physician's report dated April 10, 2015, noted the injured worker had been approved for an anterior cervical fusion at C4-C5, C5-C6, and C6-C7 levels, preferring to consider all conservative type treatments. Physical examination was noted to show restricted cervical range of motion (ROM), with tenderness to palpation posteriorly at approximately C5-C6 and C6-C7 levels, and numbness to pinwheel prick in his index and middle fingers bilaterally. The lumbar spine was noted to have tenderness to palpation at approximately the L4-L5 and L5-S1 segments, with increasing pain with extension past neutral, and positive straight leg raise on the right. The injured worker was noted to be a candidate for a cervical epidural injection at C7, as he had not received any sort of conservative treatment for his neck, and his MRI findings supported neural foraminal narrowing, also confirmed by electromyography (EMG) test. Additionally, a request for authorization was made for physical therapy for core strengthening and stabilization as well as cervicothoracic stabilization, not having received previous physical therapy for his neck or low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection, C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit, however there is no significant long term benefit or reduction for the need of surgery. The patient's file does not document that the patient is candidate for surgery. In addition, the patient did not exhaust all of the conservative therapy treatments. In fact, 6 physical therapy sessions have been recommended for the patient's cervical pain and limitations. Therefore, the request for cervical epidural injection, C7 is not medically necessary.