

Case Number:	CM15-0093200		
Date Assigned:	05/19/2015	Date of Injury:	10/13/2014
Decision Date:	06/22/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/14/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 a work related injury October 13, 2014. Past history included asthma, left knee arthroscopy, right shoulder surgery and active Hepatitis C, under treatment. According to a treating physician's progress report, dated April 16, 2015, the injured worker presented with complaints of neck pain, bilateral shoulder pain, and upper arm pain. He underwent a C5-6 cervical epidural steroid injection April 3, 2015, with 89% pain relief for one week. The pain is described as constant, severe, sharp, and jabbing, rated 7-10/10. The pain decreases with application of a heating or cooling pad and MS Contin. A cervical MRI, dated 1/13/2015, reveals C4-5 2mm disc protrusion, mild spinal stenosis; C5-6 3mm disc protrusion, mild moderate anterior cord impingement, moderate bilateral foraminal stenosis; and C6-7 mild disc bulge, mild foraminal stenosis. Impression is documented as complex regional pain syndrome; cervical radiculopathy; cervical disc protrusion; brachial plexopathy; cervical myofascial pain. Treatment plan included request for authorization for C5-6 cervical epidural steroid injection and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 cervical epidural steroid injection under fluoroscopy guidance and IV sedation:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The MTUS states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. There is no documentation that the patient is either a candidate for surgery or and is currently being considered for a cervical procedure. C5-6 cervical epidural steroid injection under fluoroscopy guidance and IV sedation is not medically necessary.

Physical therapy x12 visits for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Physical therapy x12 visits for the cervical spine is not medically necessary.