MAXIMUS Federal Services

Case Number:	CM15-0094041		
Date Assigned:	05/20/2015	Date of Injury:	03/29/2001
Decision Date:	06/19/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/15/2015

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 72 year old male who sustained an industrial injury on 03/29/2001. The injured worker was diagnosed with cervical arthrosis/radiculopathy, low back pain, left radial tunnel syndrome, left long finger tenosynovitis, right shoulder impingement, right long and right finger tenosynovitis, and gastroesophageal reflex disorder (GERD). Treatment to date includes diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) in August 2014, cervical spine magnetic resonance imaging (MRI) in March 2014, conservative measures, multiple lumbar and cervical transforaminal injections, chiropractic therapy, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit and medications. The injured worker is status post cervical fusion in 2004, shoulder surgery in 2004, left carpal tunnel release with ulnar nerve de and left cubital tunnel release, left long and ring finger trigger releases and coronary artery bypass surgery 2005. According to the primary treating physician's progress report on March 31, 2015, the injured worker continues to experience significant pain in his neck and lower back. The pain radiates to the left upper extremity and the left lower extremity. Examination of the cervical spine demonstrated decreased range of motion with pain and a positive Spurling's test on the left. There was tenderness at the trapezial and paracervical region and mild tenderness over the A-1 pulleys of the right long and ring fingers without triggering. The impingement is equivocal in the shoulders bilaterally. Mild stiffness in the hand was noted. Current medications are listed as Ultram, Flexeril, Aspirin, Naproxen, Prilosec and Alprazolam. Treatment plan consists of continuing with medications, evaluation by pain management, recent authorization for a left C5-C6 anterior cervical decompression and fusion (delayed for personal reasons) and the current request for a transforaminal left C5-C6 and C6-C7 cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal left C5-C6 Cervical epidural steroid injection (Includes surgery center) Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 47.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and for delay of surgical intervention; however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. The provider has noted authorization of planned cervical surgery. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic injury. Criteria for repeating the epidurals have not been met or established. The Transforaminal left C5-C6 Cervical epidural steroid injection (Includes surgery center) Qty: 1.00 is not medically necessary and appropriate.

Transforaminal left C6-C7 Cervical epidural steroid injection (Includes surgery center) Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 47.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and for delay of surgical intervention; however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. The provider has noted authorization of planned cervical surgery. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic injury. Criteria for repeating the epidurals have not been met or established. The Transforaminal left C6-7 Cervical epidural steroid injection (Includes surgery center) Qty: 1.00 is not medically necessary and appropriate.