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| Case Number: | CM15-0095054 | | |
| Date Assigned: | 05/21/2015 | Date of Injury: | 11/13/2012 |
| Decision Date: | 06/24/2015 | UR Denial Date: | 05/08/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

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:

The injured worker is a 67 year old male, who sustained an industrial injury on 11/13/12. He reported initial complaints of being hit by a car sustaining injuries to the head. The injured worker was diagnosed as having sprain of neck; cervical spondylosis; moderate stenosis at C3-4, C4-5 and C6-7; sprain lumbosacral; lumbar spondylosis; L4-5 left paracentral disc bulge with annular tear; L3-4 disc bulge without stenosis; history of closed head injury with hematoma status post-surgical evacuation; bilateral hearing nerve loss; dizziness. Treatment to date has included in-home physical therapy and speech therapy; medications. Diagnostics included MRI scan of brain (12/27/12); MRI cervical and lumbar spine (7/30/14). Currently, the PR-2 notes dated 4/15/15 indicated the injured worker complains of continued left-sided neck pain that radiates into his left clavicle and right chest as well as into both trapezii and shoulders. He has frequent severe headaches. He complains of moderate low back pain that radiates into his left buttock posterior thigh and calf all the way to his foot. Review of systems documents: positive for joint pain, weakness of muscles and joints, back pain, fatigue, headaches, hearing loss, ringing in the ears, frequent urination, light headedness, numbness and tingling, memory loss, confusion, nervousness, depression and blurred or double vision. On physical examination it is noted the injured worker has a normal gait; light touch sensation that is intact to both lower extremities. A MRI of the lumbar spine dated 7/31/14 was reviewed and shows at the L4-L5 there is evidence of diffuse bulging annulus with a left lateral peripheral annular tear and minimal stenosis. The L3-4 disc space is desiccated with lateral bulge in the annulus without central or foraminal stenosis. On this same date a cervical spine MRI was done with an impression of C3-4, C4-5 and C6-7 moderate stenosis. The treatment plan includes Outpatient epidural steroid injection at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient epidural steroid injection at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 80.

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 injury in November 2012 when he was struck by a car. He sustained a traumatic brain injury. When seen, he had not returned to work. He was having left-sided neck pain radiating to the clavicle, right chest, trapezius muscles, and shoulders. He was having frequent headaches. Physical examination findings included a normal upper extremity neurological examination. There was decreased and painful cervical spine range of motion with cervical spine and trapezius muscle tenderness. Cervical compression testing was negative. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. In this case, there are no physical examination findings that support a diagnosis of radiculopathy. The requested cervical epidural injection is not medically necessary.