

Case Number:	CM15-0098724		
Date Assigned:	06/01/2015	Date of Injury:	08/30/2014
Decision Date:	10/27/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/21/2015

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 53 year old male with an industrial injury dated 08-30-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine disease including multiple level disc protrusions, foraminal stenosis, facet arthropathy, cervicalgia with bilateral cervical radiculitis, multiple level lumbar disc protrusion along with L4-L5 foraminal stenosis and multiple level facet arthropathy and lower back pain with right lumbar radiculitis. According to the progress note dated 04-16-2015, the injured worker reported persistent lower back pain and cervical neck pain. The injured worker reported pain across the cervical region and down bilateral arms to the level of the elbows with some numbness in both fingers. Objective findings (4-16-2015) revealed antalgic gait and tenderness to palpitation of the cervical spine. Cervical range of motion in flexion was 2 fingerbreadths from sternum, 40 degrees extension, and 70 degrees in rotation. Motor and sensory testing was intact. The treating physician reported that the Magnetic Resonance Imaging (MRI) of the cervical spine revealed multiple level disc protrusion and foraminal stenosis from C3-4 through C6-7 levels, and facet degeneration. Treatment has included diagnostic studies, prescribed medications including Flexeril and Diclofenac, 5 weeks of chiropractic therapy and periodic follow up visits. The treatment plan consisted of a trial of cervical lumbar injections under fluoroscopic guidance. The utilization review dated 04-28-2015, non-certified the request for cervical epidural steroid injection as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Cervical and Thoracic Spine, Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in August 2014 when he tripped over an air valve landing on his right side. When seen, he was having persistent low back and neck pain. He was having pain into his arms to the level of the elbows with numbness in both fingers. Physical examination findings included cervical spine tenderness. There was normal upper extremity strength and sensation. There were no reflex abnormalities. Authorization is being requested for a cervical epidural injection. An MRI of the cervical spine in November 2014 included findings of multilevel moderate to severe stenosis. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as upper extremity decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of cervical radiculopathy. The requested epidural steroid injection is not considered medically necessary.