MAXIMUS Federal Services

Case Number:	CM13-0000795		
Date Assigned:	02/26/2014	Date of Injury:	03/21/2013
Decision Date:	07/24/2014	UR Denial Date:	06/07/2013
Priority:	Standard	Application Received:	06/21/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old male who has submitted a claim for cervical strain/sprain with cervicogenic headache; C3-C4, C4-C5 right sided bulging with foraminal narrowing; Thoracic multilevel facet arthrosis T9-T12; cervical thoracic and lumbar sprain; and neurologic abnormality consistent with myelopathy versus upper motor neuron involvement associated with an industrial injury date of March 21, 2012.Medical records from 2013 were reviewed. Subjective complaints were not available on the submitted medical records. Physical examination showed bilateral paraspinal tenderness at C4-C7, more on the right than the left. Range of motion of the cervical spine was limited. Motor testing of the upper extremity was 4+/5 for the right biceps, triceps, wrist flexors, and wrist extensors. Sensory examination revealed decreased sensation over the right lateral arm, small finger, and medial forearm. Lhermitte test caused neck pain bilaterally. Spurling test elicited pain on the right. Hoffman sign was positive on the right. MRI of the cervical spine dated May 8, 2013, revealed mild degenerative disk and facet joint disease, 3 mm right lateral foraminal disk protrusion at the C3-C4 level, causing moderate right neural foraminal stenosis, 2-3 mm diffuse broad-based disk bulging at the C4-C5 level, with slight prominence towards the right, causing mild right neural foraminal narrowing. Treatment to date was not made available for review.Utilization review, dated June 7, 2013, denied the request for cervical epidural injection C3-C5, right side because there were no detailed subjective complaints, evidence of failed conservative care, and the diffuse neurological findings were not corroborated by the MRI report.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTION C3-5, RIGHT SIDE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: In this case, cervical epidural steroid injection was suggested because the patient manifested with symptoms of radiculopathy. MRI done last May 8, 2013 showed right sided disc protrusion and neural foraminal stenosis at C3-C4, and right sided protrusion and mild neural foraminal narrowing at C4-C5. The MRI findings are consistent with the patient's physical examination. However, there was lack of information because only one progress report, dated May 22, 2013, was available for review. The current clinical and functional status of the patient is unknown. Likewise, there was no evidence that the patient was unresponsive to conservative treatment. The guideline criteria have not been met. Therefore, the request for Cervical Epidural Injection C3-5, Right Side is not medically necessary.