

Case Number:	CM13-0020936		
Date Assigned:	03/19/2014	Date of Injury:	01/12/2000
Decision Date:	04/24/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This patient is a 56-year-old female with date of injury 01/12/2000. Per treating physician's report 08/07/2013, the patient presents with chronic severe left-sided neck pain radiating to the head and shoulder and at times into the hand in a predominantly C6 nerve root distribution with associated numbness and tingling. Examination showed tenderness to palpation, reduced range of motion, negative Spurling's maneuver, normal gait, posture, and left upper extremity wrist extensor was 4+/5 with general decreased strength of the left upper extremity. There is a long list of assessment that include brachial neuritis radiculitis, post laminectomy syndrome lumbar region, headache, displacement intervertebral disk site without myelopathy, cervicalgia, degenerative of cervical intervertebral disk, cervical spondylosis without myelopathy. Recommendation was for cervical epidural steroid injection. MRI of the cervical spine 01/24/2012 showed 3-mm right paracentral disk protrusion at C5-C6, mild to moderate degeneration at C4-C5 and C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (CESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTION Page(s): 46-47.

Decision rationale: This patient presents with chronic neck pain mostly left-sided with radiation down the left upper extremity. The treating physician has asked for cervical epidural steroid injection indicating that the patient has pain down the left upper extremity in C6 nerve distribution. He felt that epidural steroid injection was reasonable given disk herniation at C5-C6. Examination was significant for some weakness of the left upper extremity but no signs of examination was provided. MRI of the cervical spine showed right-sided disk protrusion measuring 3-mm with no other abnormalities. MTUS Guidelines require documentation radiculopathy which is pain and paresthesia in dermatomal distribution corroborated by MRI findings. In this case, the patient has left upper extremity symptoms while MRI is showing right-sided disk protrusion at C5-C6. The MRI findings do not correlate with the patient's symptoms on the upper extremity. While the patient presents with what appears to be radicular pain, or pain radiating down the left upper extremity in a specific nerve root distribution, MRI does not corroborate left-sided findings but rather demonstrate right-sided disk protrusion. Therefore, the request for cervical epidural steroid injection (CESI) is not medically necessary and appropriate .