

Case Number:	CM13-0021682		
Date Assigned:	11/13/2013	Date of Injury:	04/06/2011
Decision Date:	01/30/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Reconstructive Surgery and is licensed to practice in Illinois, Texas, and West Virginia. 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 physician 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 53-year-old injured worker who reported a work-related injury on 04/06/2011; specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: cervical strain; cervical spondylosis at C5-6 with moderate left and severe right foraminal stenosis; thoracic strain; left foraminal stenosis due to facet arthropathy at T3-4; lumbar strain; grade I spondylolisthesis at L5-S1 with left L5 spondylosis and moderate left foraminal stenosis; L4-5 moderate right lateral recess and foraminal stenosis; and lumbar spondylosis at L3-4 and L4-5. MRI of the patient's cervical spine dated 01/25/2013 signed by [REDACTED] revealed: (1) a short pedicle configuration of the spinal canal was present; (2) at the C5-6 disc space, there was evidence of 3 mm central protrusion, spondylosis, and hypertrophic change to the uncovertebral joints; (3) at the C6-7 disc space, there was a 1 mm to 2 mm right lateral protrusion, spondylosis, and hypertrophic change to the right uncovertebral joint with minimal right C7 foraminal stenosis; (4) there was straightening of the normal cervical lordosis. The clinical note dated 06/13/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient has completed a course of physical therapy specifically for the cervical spine. In addition, the patient has utilized a TENS unit and Norco. The patient reports physical therapy aggravated the patient symptoms. The patient reports pain radiates from the cervical spine to low back associated with much spasms; the patient reports left upper extremity weakness. Upon physical exam of the patient's cervical spine there was no evidence of torticollis or deformity. Cervical range of motion was moderately decreased with pain in all planes. There was tenderness to palpation over the bilateral trapezii and motor functioning of the upper extremities was grossly intact. There was numbness in the left dorsal forearm 3rd,

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS indicates epidural steroid injections are supported for patients initially unresponsive to conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. The clinical notes document the patient continues to present with cervical spine pain complaints and left upper extremity symptomatology status post a work-related injury sustained in 04/2011. The provider is requesting an epidural steroid injection for the patient for their treatment plan. The provider documents the patient has failed all lower levels of conservative treatments specifically for the cervical spine to include physical therapy, anti-inflammatory use, and activity modification. However, the provider does not specify what level or levels the patient is being recommended to undergo a cervical epidural steroid injection. The request for a cervical epidural injection is not medically necessary and appropriate