MAXIMUS Federal Services

Case Number:	CM13-0025923		
Date Assigned:	11/22/2013	Date of Injury:	02/23/2012
Decision Date:	03/25/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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.

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 is a female patient with a date of injury of 2/23/12. A utilization review determination dated 9/3/13 recommends non-certification of bilateral cervical epidural steroid injection C3-4 x 1. A progress report dated 8/23/13 identifies subjective complaints including, "She had sudden onset increased pain down the left upper extremity with numbness and tingling. She had increased pain in the neck. She just could not handle the pain. When she went to the ER, they checked her heart out and make sure that everything was fine. Her private physician also obtained MRIs of the thoracic and cervical spine." Objective examination findings identify, "She had full range of motion of the left shoulder with negative impingement maneuvers. She had pain with range of motion of the cervical spine. She had palpable tenderness mostly on the left side of the neck. Neurologic findings are intact." Diagnoses state, "Chronic left-sided neck pain, trapezius and shoulder pain. MRI from 6/27/2013 of the cervical spine showed multilevel degenerative changes, small disk osteophyte complexes at C3-C4, C4-C5, C5-C6, and C6-C7. Moderate left neuroforaminal stenosis at C4-C5." Treatment plan recommends, "For the ESI, the MTUS chronic pain treatment guidelines apply. We have reported left arm neuropathic symptoms and have MRI findings with foraminal stenosis on the expected side of the symptoms. We were not allowed to get EMG confirmation. The patient has equivocal exam findings for left sided cervical radiculopathy, and MRI support. The C3/4 ESI would have diagnostic value as well as therapeutic value. The reviewer states that there was a lack of an appropriate examination. We have provided the appropriate examination given the patient's presentation. The patient resisted diagnostic testing due to pain she described as 10/10. We had initially requested a neuropsychiatric evaluation, but that request has been ignored. We have shown radiculopathy the best we could, given a limited exam due to the patient's pain levels and even more limited diagnostic testing due to UR denials." 3/18/13 EMG/NCS of the bilateral upper extremities report states, "Normal nerve conduction study of the bilateral upper extremities. The patient

refused NEE as she has a phobia about needles. The patient understands that without the NEE, I would not be able to assess whether she has a condition such as cervical radiculopathy. The patient verbalized understanding."

IMR ISSUES, DECISIONS AND RATIONALES

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

one bilateral cervical epidural steroid injection, C3-C4, times one: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), online, Cervical and Thoracic Spine, Table 2. Summary of Recommendations: Cervical and Thoracic Spine Disorders.

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

Decision rationale: Regarding the request for bilateral cervical epidural steroid injection C3-C4 x 1, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, the patient's symptoms are not consistent with any specific nerve root distribution(s) and her neurologic findings are noted to be intact. No cervical spine MRI report is present and the provider's description of the report does not identify any nerve root impingement or significant neuroforaminal stenosis at C3-4. The EMG portion of the electrodiagnostic study was unable to be performed due to the patient's phobia of needles. Thus, the California MTUS criteria for ESI have not been met. In light of the above issues, the currently requested bilateral cervical epidural steroid injection C3-C4 x 1 is not medically necessary.