

Case Number:	CM13-0026351		
Date Assigned:	12/11/2013	Date of Injury:	06/20/2013
Decision Date:	02/25/2014	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 Family Practice and is licensed to practice in Texas and Mississippi. 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:

This is a 59-year-old male with a date of injury of 06/20/2013. The reported mechanism of injury was the onset of neck pain and pain to the right trapezial area due to lifting, pushing, pulling, and repetitive movements of head and neck. The patient reported worsening, radiating neck pain with numbness to right upper extremity. At an office visit dated 10/30/2013, the patient's reported treatments had been anti-inflammatory medication, physical therapy and electrical stimulation, and past cervical epidural steroid injection (ESI) which reportedly resulted in improvement for the radiating pain and numbness. Past diagnostic studies included X-rays of the cervical spine on 04/08/2013, which revealed evidence of a mild anterolisthesis of C4-5 and a mild retrolisthesis of C5-6, with associated spondylotic changes; and MRI of the cervical spine on 04/11/2013, which revealed evidence of moderate stenosis at C3-4, C4-5, and C5-6, as well as mild anterolisthesis of C4-5 and retrolisthesis of C5-6. The office note of 10/30/2013 also indicated that the absence of radiating symptoms in upper extremities did not make the patient a candidate for surgery. An initial physical evaluation on 07/16/2013 showed findings for range of motion of cervical spine at 25%, extension 50%, and extension/right-sided bending quadrant eliciting paresthesia (Spurling's). The patient's strength showed resisted myotomes at 5/5 for all nerve roots except left C5, at 3/5, as well for left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right-sided cervical epidural steroid injection (CESI) at C5-C6: Upheld

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

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

Decision rationale: The initial physical evaluation for strength on 07/16/2013 indicated a deficit at left C5, at 3/5, as well as for left upper extremity - not the right. The CA MTUS Guidelines recommend ESI's for treatment of radicular pain and indicate there should be an interval of at least one to two weeks between injections. The interval of time from the last injection to the current request has exceeded the allowed time frame and no current significant functional deficits were noted in the clinical information provided. As such, the requested service is non-certified.