

Case Number:	CM13-0030175		
Date Assigned:	03/28/2014	Date of Injury:	07/23/2013
Decision Date:	05/29/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/26/2013

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 Pain Medicine 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:

The patient is a 54 year old male who was injured on 07/23/2012. The patient is complaining of mild to moderate back and neck pain constant since the event. The mechanism of injury is RTA. Prior treatment history has included Soma and Motrin. The patient underwent cervical epidural steroid injection at the level of C7-T1 performed on 03/20/2013. MRI of the cervical spine performed on 12/12/2012 revealed straightening of the expected cervical lordosis attributable to muscle spasm versus patient positioning and multilevel multifactorial changes most notable for neural foraminal stenosis at C4-C5, C5-C6, and on the right at C6-C7 and C7-T1. Needle electromyography of bilateral upper extremities performed on 08/30/2012 revealed normal EMG studies of the cervical spine and upper extremities showed no acute or chronic denervation potentials in any of the muscles tested, bilateral mild carpal tunnel syndrome and ulnar sensory neuropathy at or about elbow bilaterally. CT Cervical spine without contrast 07/23/2012 revealed no fracture. Orthopedic Re-evaluation dated 08/14/2013 indicated the patient has a diagnosis of cervical spondylotic radiculopathy at C5-6 and C6-7 as well as cervical strain. The patient is having increasing neck pain and radiating arm pain with numbness and tingling down the right arm. He is requesting a second epidural steroid injection since the one in the past helped him. Objective findings on exam revealed 2+ cervical paraspinous muscle spasm. He is tender to palpation along these muscles. Deep tendon reflexes are equal and symmetric at the biceps, triceps and brachioradialis; motor strength is 5/5 in all muscle groups of the bilateral upper extremities. Sensation is decreased to light touch and pinprick in the C5-6 dermatome on the right; range of motion of the cervical spine: extension 30 degrees; flexion 30 degrees; right lateral bending 20 degrees; left lateral bending 20 degrees; right rotation 70 degrees; left rotation 70 degrees; all motions are with neck pain. The patient was diagnosed with cervical spondylotic radiculopathy at C5-C6 and C6-7 and cervical strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT WITH PAIN MANAGEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, Page 127.

Decision rationale: As per California MTUS ACOEM guidelines, a practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. According to the progress reports available from 09/12/2012 through 12/11/2013, the patient continued to report persistent neck pain radiating to the right arm with numbness and tingling. There is documentation of a trial of physical therapy, cervical ESI, medications, and home exercise program. There is cervical MRI that showed mild neural foraminal stenosis from C4-5 through C7-T1. There is an EMG study that showed bilateral mild carpal tunnel syndrome, ulnar sensory neuropathy at elbow bilaterally, but no evidence of cervical radiculopathy. On physical exam, the objective findings include cervical paraspinal muscle spasms, increased cervical spine tenderness, decreased sensation in to light touch and pinprick in C5-6 dermatome on the right, but normal DTRs and normal muscle strength 5/5 in all muscle groups of bilateral upper extremities. All of these findings indicate that there is not enough evidence to warrant the pain management consultation. There is no documentation of duration and percentage of pain relief from the prior trial of ESI. Therefore, the request for a consult with pain management is not medically necessary.

CERVICAL EPIDURAL STEROID INJECTION C5-6 AND C6-7: Upheld

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

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

Decision rationale: California MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Repeat blocks should be based on continued objective

documented pain and functional improvement, including at least 50% pain relief. Based on the records available and PR2 dated 04/10/2013 the patient stated the ESI gave him "Good pain relief of his right arm pain and numbness". Cervical ROM results are no different from the 02/06/2013 PR2 available. The 05/08/2013 PR2 shows an improvement of cervical right rotation from 60 degrees to 70 degrees and left rotation from 60 degrees to 70 degrees. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit, therefore, in the absence of objective functional improvement and no documentation of duration and percentage of pain relief, the request for a second ESI is not medically necessary.