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| Case Number: | CM13-0033164 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 10/01/2008 |
| Decision Date: | 04/23/2014 | UR Denial Date: | 09/17/2013 |
| Priority: | Standard | Application Received: | 10/09/2013 |

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 Occupational Medicine and 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 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 suffered a cumulative trauma injury to her neck in 2008. She was first seen by occupational medicine. She had x-rays, and utilized pain medications and physical therapy. She was then sent to a chiropractor for further treatment, and was subsequently seen by a neurosurgeon, [REDACTED]. He ordered a cervical MRI on 4/4/12 which showed degenerative joint disease and disc protrusion at C3-4, C4-5, and C5-6, and foraminal stenosis. EMG was done on 11/5/12 and showed chronic right C8-T1 radiculopathy without acute degeneration as well as bilateral carpal tunnel. On 9/6/12, an agreed medication examination had been done which declared that the patient was permanent and stationary, and recommended pain management and the use of a cervical pillow. The patient then started a functional restoration program on 4/12/13. She was taught how to cope with chronic pain and provided with a home exercise program. After a 32 day course, the patient ceased to improve, and the program was terminated early. The patient saw [REDACTED] on 8/20/13. Loss of normal cervical lordosis, moderate tenderness on palpation of the posterior cervical paraspinal muscles and decreased range of motion in all planes was noted. He noted that the patient was experiencing a flare-up in her symptoms and he requested to have a cervical ESI be done to for diagnosis, and to help alleviate symptoms. He also asked to have an EMG for diagnostic purposes.

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 ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175,Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The AECOM guidelines state that epidural steroid injection (ESI) is of questionable benefit for cervical pain; it should be restricted to patients who would otherwise undergo surgery for nerve root compromise. The patient was seen by a neurosurgeon, but he was not considering a surgical procedure. The MTUS Chronic Pain Medical Treatment Guidelines state that cervical injections for radicular pain of the neck are of unproven benefit and there is insufficient evidence to recommend them for the use of chronic cervical radiculopathy. As such, the request is noncertified.