

Case Number:	CM13-0034017		
Date Assigned:	12/17/2013	Date of Injury:	12/10/2004
Decision Date:	04/14/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/11/2013

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 Medication, 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 57 year old female who was injured on 12/10/2004 while her job involved prolonged standing, sitting, repetitive lifting and bending. Over the years she has had the onset of low back pain. Prior treatment history has included physical therapy for the cervical spine. Medications include: 1. Neurontin 600 mg 1 po tid for pan. 2. Norco 10/315 mg 1 po qid for pain. 3. Norflex 100 mg 1 po daily for spasms. 4. Anaprox DS 550 mg 1 po bid for pain. Diagnostic studies reviewed include MRI of the cervical spine dated 04/19/2013 with the following impression (MRI cervical spine performed on 05/24/2012 is available): 1. C2-3. A 2.0 mm broad based disc protrusion which mildly impresses on the thecal sac. 2. C4-5, a 2.9 mm anterior disc protrusion is noted. 3. C5-6, a 3.1 mm broad based disc protrusion which moderately impresses on the thecal sac. Mild bilateral neural foraminal narrowing is seen due to facet arthrosis. 4. C6-7, a 2.2 mm mild anterior disc protrusion is noted. 5. No significant interval change is seen compared to 5/25/2012 study MRI of the cervical spine dated 04/19/2013 reveals C4-5, a 2.9 mm disc protrusion. C5-6, a 3.1 mm disc protrusion with moderate impression on the thecal sac and bilateral foraminal stenosis; C6-7, a 2 mm disc bulge. Nerve conduction study dated 05/16/2013 reveals mild C6 sensory radiculopathy. PR-2 dated 04/01/2013 documented the patient to have complaints of increased neck pain as well as increased numbness and tingling in her arms and hands bilaterally. Objective findings on exam included examination of the cervical spine which shows motion of the neck does cause painful symptoms. There is tenderness in the left pericervical with spasm, right pericervical with spasm, trapezius. There is evidence of muscle spasm at the cervical spine. Sensation reveals Left C6: decreased. Right C6 decreased. Left C7: decreased. Right C7: decreased. Left C7: decreased. PR-2 dated 05/16/2013 documented the patient with complaints of neck and right arm pain. Objective findings on exam included examination of cervical spine showing motion of the neck

does cause painful symptoms. There is tenderness in the left pericervical with spasm, right pericervical with spasm, trapezius. There is evidence of muscle spasm at the cervical spine. Sensation reveals Left C6: decreased. Right C6: decreased. Left C7: decreased. Right C7: decreased. Treatment Plan: I discussed epidural injections with the patient; however, she would like time to consider that option as she has been skeptical of pursuing injections in the past. PR-2 dated 08/05/2013 documented the patient with complaints of low back and bilateral leg pain. She complains of cervical pain radiating to the upper extremities. She complains of numbness and tingling in the upper extremities as well. Objective findings on exam included musculoskeletal: Normal except noted in HPI and chief complaint. Neuro/psychiatric: No dizziness, no emotional disturbance. Examination of the cervical spine revealed range of motion does cause painful symptoms. There is tenderness in the left pericervical with spasm, right pericervical with spasm, trapezius. There is evidence of muscle spasm at the cervical spine. Sensation: Left C6: decreased. Right C6: decreased. Left C7: decreased. Right C7: decreased. Diagnoses: 1. Disc bulge C6-7. 2. Degenerative disc disease, facet disease, and moderate central stenosis at C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTION X 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 274.

Decision rationale: According to the guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The CA MTUS states that criteria for consideration of cervical epidural steroid injection include the patient had been unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants. It is noted that the 05/16/2013 electrodiagnostic studies was positive for mild right C6 radiculopathy and examination on 8/5/2013 documented objective findings consistent with the subjective complaint and diagnostic findings, however the medical records do not document a recent course of conservative interventions as to address the patient's current complaints. The medical records do not demonstrate the patient's response to most recent course of medication management, physical methods, and activity modification. In absence of documentation of exhaustion of noninvasive or conservative measures, the medical necessity for cervical epidural steroid injection has not been established at this time.