

Case Number:	CM13-0036984		
Date Assigned:	12/13/2013	Date of Injury:	03/05/1998
Decision Date:	04/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/22/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 55-year-old male with a date of injury of 03/05/1999. The listed diagnoses per [REDACTED] are: (1) Discogenic syndrome, cervical; (2) discogenic syndrome, lumbar; (3) diabetes; (4) hypertension; (5) asthma; (6) hypercholesterolemia; (7) angina; (8) insomnia. The treater is requesting assistance at home, physical therapy, oral medications, cervical epidural steroid injection, and cervical spine MRI. According to report dated 09/03/2013 by [REDACTED], the patient presents with chronic neck pain. Treater indicates the patient is in need of additional treatment in the form of cervical epidural steroid injection as he has radicular neck pain to the bilateral hands which is getting more severe. Examination of the cervical spine indicates the patient has C6 radicular pain and weakness in hand grip bilaterally. The neck is stiff and moves with difficulty. He has radicular pain down the right arm with flexion. Cervical spine flexion is 15 degrees with pain bilaterally and extension is 10 degrees with pain at the neck bilaterally, and right hand grip is weaker than the left.

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 Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic neck pain. The treater is requesting a cervical epidural steroid injection at level C4-C5. The MTUS Guidelines page 46 and 47 recommends ESI as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. In this case, as medical records document, the patient experiences "radicular neck pain to his bilateral hands." Report dated 09/03/2013 specifically states the patient has C6 radicular pain and weakness in the hand grip bilaterally. The patient has decreased range of motion with radicular pain down the right arm with flexion. The medical records indicate the patient is experiencing some radicular discomfort. However, there are no MRIs or EMGs provided that corroborate any radiculopathy. MTUS requires pain in dermatomal distribution that must be corroborated with imaging. The treater has, in fact, asked for an MRI of C-spine. There are no description of prior MRI's to determine whether or not the patient's radicular symptoms are explained by the imaging studies. The requested cervical ESI is not medically necessary, and recommendation is for denial.