MAXIMUS Federal Services

Case Number:	CM13-0038461		
Date Assigned:	12/18/2013	Date of Injury:	10/13/2010
Decision Date:	02/28/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/25/2013

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 Internal Medicine and is licensed to practice in Florida. 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 patient is a 58 year-old male with history of cumulative injury sustained from 5/24/89 to 10/1/10. The described mechanism of injury was cumulative repetitive work activities. Relevant medical records reviewed include PR-2 notes from 7/11/13 as well as other dates from [redacted] Progress notes document complaints and subjective concerns of paraspinal cervical spine pain. Objective findings have revealed decreased cervical spine range of motion and tenderness to palpation of the cervical spine. In addition, examination per [redacted] from 9/19/13 revealed intact sensation to soft touch in the right index, right dorsal tendon and right small tip. Records from [redacted] from 10/17/13 documents "neck pain is unchanged". MRI of the cervical spine was completed 12/27/10 and showed C3/4 central disc protrusion indenting the thecal sac, C4/5 moderate narrowing with a 4-5mm central and lateral encroachment. Diagnosis included cervical spine disc bulge, thoracic spine disc bulge, right elbow strain, left shoulder tendonosis, right wrist strain, and s/p right shoulder surgery. Previous treatments have included shockwave therapy for the right wrist, physical therapy for the cervical spine. Treatment plans include CESI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical epidural steroid injection at the levels of C5-C6 under epidurography anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints.

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

Decision rationale: MTUS guidelines indicate that cervical epidural steroid injections are recommended in the treatment of radicular pain. In this patient's case, the medical records submitted for review indicates that both subjective concerns and examination findings do not support findings of radiculopathy. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, there is no documentation that evidences the medical necessity for anesthesia. Thus, the requested cervical epidural steroid injections are not medically necessary for the patient in this clinical setting. The request for one (1) cervical epidural steroid injection at the levels of C5-C6 under epidurography anesthesia is not medically necessary and appropriate