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| Case Number: | CM13-0041722 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 08/17/2006 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 10/02/2013 |
| Priority: | Standard | Application Received: | 10/14/2013 |

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 Family 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:

This is a 55 years old female patient who sustained an injury on 8/17/2006. The diagnoses include cervicalgia and shoulder joint pain. Per the doctor's note dated 9/16/13, she had complaints of increased neck pain radiating from neck and includes the shoulder radiating down to the thumb along the radial aspect of the arm and neck down the right arm. The physical examination revealed restricted range of motion of the cervical spine- flexion and extension 10 degrees with pain, Spinous process tenderness on C5, C6 and C7, Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm, equal and symmetric upper limb reflexes and negative Adson's test. The medications list includes butrans patches, tramadol, aleve, bupropion, lorazepam, seroquel and synthroid. She has had an MRI of the cervical spine on 8/20/2009 which revealed small disc protrusions without significant impingement or compression; the MRI on 6/6/12 which revealed slight increase in the disc protrusions on the left, no impingement or compression noted. She has had urine drug screen on 7/5/13, 7/27/13 and 6/13/13. She has had an initial physical therapy evaluation on 4/10/2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION C6-C7: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." The cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)...." The Spurling's test was negative and the upper extremity reflexes were normal. Cervical radiculopathy that is documented by physical examination and corroborated by imaging studies are not specified in the records provided. She has had an MRI of the cervical spine on 8/20/2009 which revealed small disc protrusions without significant impingement or compression. A response to rehab efforts including physical therapy or continued home exercise program and pharmacotherapy are not specified in the records provided. The medical necessity of a Cervical Epidural Steroid Injection C6-C7 is not fully established for this patient. Therefore, the request is not medically necessary.