

Case Number:	CM13-0041975		
Date Assigned:	12/20/2013	Date of Injury:	06/14/2013
Decision Date:	02/25/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The patient reported a work related injury on 06/14/2013, as the result of a contusion to the right knee and head. The patient presents for treatment of the following diagnoses, cervical strain, spasm, C5 radiculitis, and some mild supraspinatus tendonitis to the bilateral shoulders. The MRI of the cervical spine dated 08/12/2013 signed by [REDACTED] revealed specifically at the C4-5 level, there was disc desiccation and disc space height loss consistent with degenerative disc disease, a combination of posterior osteophytic ridging, bilateral uncovertebral joint arthropathy present, the facet joints were hypertrophied and there was mild central and moderate to severe bilateral neural foraminal stenosis. Clinical correlation for the bilateral C5 nerve root impingement was recommended. The clinical note dated 08/23/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports radiation of pain from the cervical spine into the shoulder with associated numbness, tingling, and weakness. Upon physical exam of the patient's cervical spine, the provider documents 20 degrees of forward flexion as well as extension, bilateral rotation 80 degrees, lateral rotation 20 degrees. Spurling's test was positive to the cervical spine. The provider documented the patient had diminished bilateral C5 sensation, and the patient had 5/5 motor strength as well as 2+ reflexes throughout. The provider recommended the patient undergo a bilateral C5 epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

cervical epidural, bilateral C5 level: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is supported. The clinical documentation submitted for review evidences the patient continues to present with significant cervical spine pain complaints status post a work related injury sustained in 06/2013. The clinical notes document the patient has utilized a medication regimen, physical therapy interventions, and activity modifications without resolve of her symptomatology. The patient reports cervical spine pain with radiation of pain to the bilateral shoulders with associated numbness, tingling, and weakness. The provider documented upon exam of the patient, a positive Spurling's test and decreased sensation in a C5 distribution. The patient's imaging study of the cervical spine revealed pathology at the C5 level indicative of bilateral C5 nerve root impingement. California MTUS indicates radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, injection therapy is supported for patients initially unresponsive to conservative treatment. Given all of the above, the request for cervical epidural, bilateral C5 level is medically necessary and supported.