

Case Number:	CM13-0044361		
Date Assigned:	12/27/2013	Date of Injury:	07/15/2013
Decision Date:	11/04/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/29/2013

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 Occupational 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:

The claimant was injured on 07/15/13 in a rear-end motor vehicle accident. A cervical epidural steroid injection at level C5-C6 is under review. On 08/26/13, she had an initial orthopedic evaluation. She reported pain in her neck, back, chest, left shoulder, and upper arm and had headaches. She still had frequent neck, shoulder, and upper arm pain that were sharp, achy, cutting, burning, tingling, and shooting with spasms. Her pain at rest was 5/10 and 7-8/10 with activities. She had weakness and numbness and the pain radiated to her arms, hands, legs, and feet. He also had intermittent upper back and mid back pain which was associated with weakness and radiated again to her extremities. Her pain was better in the evening and worse with her activities. Examination of the cervical spine revealed tenderness, guarding, and spasms in the paravertebral region and upper trapezius muscles worse on the left side. She had mildly decreased range of motion with pain and spasm. She was diagnosed with cervical myalgia, myospasm, and radiculitis/neuritis. She was prescribed Tramadol, Ondansetron, Pantoprazole, and Terocin pain patches. An MRI of the cervical spine, chiropractic, and physical therapy were all ordered. The MRI of the cervical spine dated 09/27/13 revealed minimal cervical spondylosis with no spinal or neural foraminal stenosis. At C5-6 there was a 2 mm broad-based disc bulge without stenosis. On 09/25/13, a note by another provider indicated she had pain with restricted and painful range of motion and spasm. She had positive neurological and orthopedic findings. X-rays were negative. Trigger point injections and neuromuscular massage were ordered. Chiropractic adjustments were also recommended. On 10/15/13, she still had tenderness and decreased strength with restricted range of motion. A Medrol dosepak and cervical epidural steroid injection and physical therapy for 12 visits were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for a cervical epidural steroid injection at level C5-C6. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... Criteria for the use of Epidural steroid injections: 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)...."There is no clear objective evidence of radiculopathy at any level on physical examination and no EMG has been reported. There is no indication that the claimant has failed all other reasonable conservative care, including physical therapy and chiropractic care, which were recommended, or that this ESI is being recommended in an attempt to avoid surgery. There is no evidence of nerve root compression at the level to be injected or any indication that the claimant has been instructed in home exercises and has been advised to continue a home exercise program in conjunction with injection therapy. The medical necessity of this request for an epidural steroid injection at level C5-C6 has not been clearly demonstrated.