

Case Number:	CM13-0044693		
Date Assigned:	12/27/2013	Date of Injury:	12/27/2008
Decision Date:	04/23/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/31/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 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 61-year-old who reported an injury on December 27, 2008. The mechanism of injury was noted to be a fall. The patient's diagnoses include cervical spine disc disease, cervical radiculopathy, disc protrusion at C5-6 with bilateral neural foraminal stenosis and degenerative disc disease at C5-6 and C6-7. The patient's symptoms include frequent neck pain rated at a 5/10 to 6/10 with radiation to the right upper extremity. The patient also complained of occasional low back pain rated at a 3/10 to 4/10 with radiation to the bilateral lower extremities, left worse than right. The patient also complained of intermittent left shoulder pain, rated at a 6/10, with radiating pain up to the neck and down to the upper extremities with numbness and tingling noted. Reflex examination revealed 2 at the C5 nerve root distribution bilaterally and 2 on the right and 1 on the left at the C6 and C7 nerve root distributions. Upper motor strength examination revealed 5/5 in the deltoid bilaterally. Examination of the cervical spine revealed range of motion in flexion at 25/50, extension at 30/60, right rotation at 40/80, left rotation at 40/80, right lateral bend at 20/45 and left lateral bend at 20/45. Spurling's and cervical compression tests were noted to be positive bilaterally. The patient's past medical treatment included an epidural steroid injection at the L5-S1 level to the right on April 30, 2013, a home exercise program and a TENS (transcutaneous electrical nerve stimulation) unit as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection C5-6 to the left: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section Page(s): 45.

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections are recommended as an option for the treatment of radicular pain for patients who are initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs [non-steroidal anti-inflammatory drugs] and muscle relaxants). The guidelines also state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted for review indicated that an official MRI of the cervical spine revealed no cord compression at the C5-6 level. Therefore, in the absence of documented failed conservative treatment corroborated by a positive nerve impingement upon MRI, the request is not supported. The request for an ESI to the left C5-C6 is not medically necessary or appropriate.