MAXIMUS Federal Services

Case Number:	CM13-0055989		
Date Assigned:	12/30/2013	Date of Injury:	01/12/2012
Decision Date:	03/28/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology, has a subspecialty in Pain 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 a 59-year-old female patient with a reported injury on 01/12/2012 and the mechanism of injury was that the patient was working as a nursing assistant and while attempting to lift a patient, the patient immediately felt increased neck pain, right shoulder pain, mid back pain, and low back pain. She was then placed on modified duties, given anti-inflammatories, muscle relaxant, and pain medications. Also, started physical therapy and acupuncture; completed 10 sessions of physical therapy and received trigger point injections. The patient also received Tramadol, Lidoderm patches, and Robaxin and the patient was returned to full-duty status on 01/02/2013. MRI of the cervical spine dated 03/05/2013 revealed at C4-5, moderate disc bulging and encroachment upon the neural foramina secondary to osteophytes. At C5-6 however, there was a herniated disc to the right of midline with osteophyte formation narrowing the neural foramina and affecting the exiting nerve root. There was moderate diffuse disc bulge also seen extending to the left side. Interpretation of electrodiagnostic evidence revealed right C6 and C7 radiculopathies; moderate demyelinating median neuropathy of the right wrist; there was no electrodiagnostic evidence of the right upper extremity, plexopathy, or other mononeuropathy. There was also no electrodiagnostic evidence of the right lower extremity, radiculopathy, plexopathy, and mononeuropathy. The patient reportedly completed 6 approved chiropractic visits, start date 10/09/2012 and end date 01/09/2013, to the neck and right upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for a cervical transforaminal epidural injection at the right C7-T1: 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 Epidural steroid injections Page(s): 46.

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). No more than two nerve root levels should be injected using transforaminal blocks." The request for the cervical transforaminal epidural injection at the right C7-T1 is certified. On physical exam dated 11/13/2013, the patient presented complaining of head pain, neck and upper back, and right shoulder radiating down both arms. The pain was associated with tingling, numbness, and weakness in the arms and hands and the patient reported that the intensity was severe and constant in frequency. Pain was rated 9/10 at its worst and 7/10 at its best. The patient also described the pain as sharp, dull, aching, shooting, and burning with muscle pain, pins and needles, and cold abnormal swelling. The patient reported the pain was aggravated by bending, reaching, kneeling, stooping, and prolonged standing, sitting, and walking and would improve with medication for 4 hours. Reportedly, 100% of the pain was in the neck; 60% of pain in the arms. Functional limitations reportedly were that the patient avoided going to work, socializing, physically exercising, performing household chores, driving, doing yard work or shopping, sexual relations, and caring for herself. Motor strength was -5/5 on left shoulder flexion, 4+/5 on abduction, and 4/5 on right shoulder flexion. The sensory exam revealed diminished sensation in the right C7 dermatomes of the upper extremities; Deep tendon reflexes revealed 1/4 in the brachial radialis and 0/4 in the triceps. California MTUS Guidelines do recommend the epidural injections if radiculopathy is corroborated and there is pain in the dermatomal distribution. The EMG and NCV studies corroborated radiculopathy at C6 and C7. As such, the request is certified.