

Case Number:	CM13-0056633		
Date Assigned:	06/09/2014	Date of Injury:	12/02/1999
Decision Date:	08/05/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 54 year old female with a work injury dated 12/2/99. Under consideration is a request for 2 cervical epidural steroid injections at bilateral C6-7, with flouroscopy , as an outpatient. The patient underwent a two-level cervical spine fusion at C4-C5 and at C5-C6 in 2007. The claimant has also had previous carpal tunnel and ulnar nerve surgery in the right hand and arm several years prior to the neck surgery. An MRI of the cervical spine dated August 30, 2010 reveals 2-millimeter disc herniation at C6- C7 and anterior fusions at C4-C5 and C5-C6. There is a request for 2 cervical epidural steroid injections at bilateral C6,C7 with fluoroscopy, as an outpatient. The 10/30/13 office visit exam reveals that the patient continues to have chronic neck pain and has radiating symptoms down into her arms and hands. The physical exam reveals posterior tenderness on the right side of the sign and right sided trigger points. The Spurling sign causes radiation to the right shoulder. The right trapezius causes muscle spasm. There is general muscle weakness to the right side of the neck. Right lateral flexion and right rotation cause decrease strength 4/5 and limitation in motion and mild pain. The patient has decreased cervical range of motion. There is a normal gait. Sensation in the extremities is noted to have decreased sensation to the right side of the cervical spine C6-7 level. There is a request for a single set of epidural injections bilateral C6-7; physical therapy; EMG/NCS and medication refill. An MRI of the cervical spine dated 8/30/10 revealed evidence of fusion at C4-C5 and C5-C6 and there was no documentation of any pseudoarthrosis or failure of fusion. There was a 2 mm disc protrusion noted at C6-C7. There is no indication of neural element Impingement or displacement. A 5/16/12 physical exam states that there is posterior tenderness on the right side of the cervical spine and posterior right sided trigger points are positive. Spurling causes pain radiation to the right shoulder. There is muscle spasm to palpation of the right trapezius. There is

general muscle weakness secondary to pain on the right side of the neck. Right lateral flexion and right rotation maneuvers demonstrate decreased strength of 4/5, limitation of motion and mild pain. Sensation in the extremities is noted to have decreased sensation to the right side of the cervical spine C6-C7 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 CERVICAL EPIDURAL STEROID INJECTIONS AT BILATERAL C6-7, WITH FLUOROSCOPY, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): p.45.

Decision rationale: 2 Cervical Epidural Steroid Injections at bilateral C6-7, with fluoroscopy, as an outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physical exam does not indicate that there is a C6,C7 radiculopathy on the right or the left. The positive Spurling sign did not radiate in the C6,C7 distribution on the right and there is no discussion of radicular symptoms in the left upper extremity on physical exam. Additionally, the most recent physical examination dated 10/30/13 is identical to the examination dated 5/16/12. The request for 2 cervical epidural steroid injections at bilateral C6-7 with fluoroscopy as outpatient is not medically necessary.