

Case Number:	CM13-0058109		
Date Assigned:	02/20/2014	Date of Injury:	02/02/2012
Decision Date:	06/10/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/26/2013

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 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:

Diagnostic studies reviewed include urine drug screen with detection of carboxyzolpidem, Hydrocodone and Zolpidem. An MRI of the cervical spine dated 04/15/2012 demonstrated C3-4 focal disc central protrusion effacing the thecal sac. C4-5, there is a focal central disc protrusion with annular tear effacing the thecal sac. At C5-6, there is a focal central disc protrusion with annular tear effacing the thecal sac. The progress note dated 10/15/2013 documented the patient feels the same and is complaining of neck pain rated as 6/10, low back pain as 7/10, hands pain as 8/10 and right knee pain as 5/10. The pain radiates to her arms and elbows. She is doing stretching exercises for her neck and legs at home. Objective findings on examination of the cervical spine reveal there is tenderness to palpation noted in the paravertebral region and upper trapezius muscles bilaterally. Manual muscle testing revealed 4/5 strength with flexion, extension, bilateral rotation and bilateral lateral flexion. Range of motion was restricted due to pain. Diagnoses: Cervical degenerative disc disease, Cervical disc protrusion, and Cervical radiculopathy. Treatment Plan: I am requesting authorization for cervical epidural steroid injection. The progress note dated 11/22/2013 documented the patient continues to experience a significant cervical spine pain and radiation into the upper extremities. She indicates the pain is very severe as it increases with any head movement including rotation, flexion and extension.

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 C4-C5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section.

Decision rationale: As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per the guidelines, the criteria for ESI are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, this patient reports cervical spine pain radiating into the upper extremities. The MRI shows no evidence of nerve root compromise at the proposed level consistent with radiculopathy. On physical exam, there is documentation of tenderness to palpation over paravertebral region and upper trapezius muscles; 4/5 strength on flexion, extension, rotation, and lateral flexion as well as restricted range of motion; however, no documentation of comprehensive neurological exam including reflex changes or sensory deficits at the proposed level that is consistent with radiculopathy. Additionally, the records submitted for review indicates that the patient was recommended physical therapy and chiropractic treatment in November 2013, but it is unclear if such treatment has been tried and failed. Thus, the medical necessity for the cervical ESI at C4-5 has not been established.