

Case Number:	CM13-0062393		
Date Assigned:	12/30/2013	Date of Injury:	02/17/2013
Decision Date:	04/03/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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:

The patient is a 37-year-old female with date of injury of 02/17/2013. The listed diagnoses per [REDACTED] dated 09/09/2013 are: (1) Acute neck pain, (2) Multilevel disk protrusion with radicular symptoms bilaterally, it seems that affecting the left C6 and right C7 nerve roots, (3) Diskogenic neck pain, (4) Cervicogenic headache. According to progress report dated 09/09/2013 by [REDACTED], the patient presents with neck pain. Her neck pain has not changed with constant and intermittent aggravation. She is not able to return to her regular duties due to the neck pain. Objective findings shows there is tenderness to palpation across the lower neck with left worse than the right. Cervical spine testing shows decreased range of motion in flexion, extension, lateral flexion, and rotation. Flexion causes more pain. Spurling maneuver is positive bilaterally. Motor examination is within normal limits. Sensory is decreased to the C6 of the left and C7-C8 of the right. MRI of the cervical spine dated 04/03/2013 shows there is some mild degree of central stenosis at C4-C5 level secondary to a 3-mm left paracentral posterior disk protrusion causing pressure over the anterior aspect of the thecal sac and mild pressure over the left side of the cervical cord. There is suggestion of an annular fissure in the posterior aspect of the disk. There is mild narrowing of the left neuroforamen. There is a 2-mm left paracentral posterior disk protrusion at C5-C6 level causing pressure over the anterior aspect of the thecal sac. There is a 2.5mm right paracentral posterior disk endplate osteophyte complex at C6-C7 level indenting the anterior aspect of the thecal sac. The treater is requesting cervical epidural for C7-T1 using translaminar approach for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection x 1 series: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: This patient presents with chronic neck pain. Treater is requesting cervical steroid injection of the C7/T1 using translaminar approach. Utilization Review dated 09/23/2013 denied the request stating that there should be documentation of radiculopathy and the patient should be unresponsive to conservative treatments. MRI of the cervical spine dated 04/03/2013 shows mild degree of central stenosis at C4-C7 secondary to a 3-mm left paracentral posterior disk protrusion and a 2-mm left paracentral posterior disk protrusion at C5-C6. There is also a 2-mm right paracentral posterior disk endplate osteophyte complex at C6-C7. Progress report dated 09/09/2013 by [REDACTED] shows a positive Spurling maneuver bilaterally. However, the patient did not report any pain down the upper extremities or the lower extremities. MRI showed minimal protrusion at C7 level. A diagnosis of radiculopathy requires pain down the arm, or radicular pain. It also requires that the radiating pain be explained by the imaging study. This patient does not present with any radiating arm symptoms and ESI would not be indicated. Recommendation is for denial.

Translaminar Approach: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: This patient presents with chronic neck pain. Treater is requesting cervical steroid injection of the C7/T1 using translaminar approach. Utilization Review dated 09/23/2013 denied the request stating that there should be documentation of radiculopathy and the patient should be unresponsive to conservative treatments. MRI of the cervical spine dated 04/03/2013 shows mild degree of central stenosis at C4-C7 secondary to a 3-mm left paracentral posterior disk protrusion and a 2-mm left paracentral posterior disk protrusion at C5-C6. There is also a 2-mm right paracentral posterior disk endplate osteophyte complex at C6-C7. Progress report dated 09/09/2013 by [REDACTED] shows a positive Spurling maneuver bilaterally. However, the patient did not report any pain down the upper extremities or the lower extremities. MRI showed minimal protrusion at C7 level. A diagnosis of radiculopathy requires pain down the arm, or radicular pain. It also requires that the radiating pain be explained by the imaging study. This patient does not present with any radiating arm symptoms and ESI would not be indicated. Recommendation is for denial.

