

Case Number:	CM13-0063162		
Date Assigned:	12/30/2013	Date of Injury:	02/14/2003
Decision Date:	05/06/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 & 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:

This 55 year-old female sustained an injury on 2/14/03 while employed by [REDACTED]. Request under consideration include left C5-6 and C6-7 epidural steroid injections. Diagnoses include cervical spine stenosis. The patient is s/p sacroiliac joint fusion. Report of 11/5/12 showed patient with increased pain level and poor quality sleep. Medications list 16 including MsContin, Tizanidine, Neurontin, Cymbalta, Amitiza Omeprazole, Senna, among medical for hypertension and hypercholesterolemia. Cervical spine exam noted limited restricted range with negative Spurling's and radicular signs; motor weakness of 4-/5 on left upper extremity. It was reported lumbar epidural provided 100% relief; however, the patient's treatment plan remained on TTD status. Report of 10/24/13 from the provider noted patient with left-sided arm pain. Exam showed weakness on left side in biceps, wrist, extensors and triceps at 4/5 motor strength; some weakness secondary to guarding from pain. MRI of cervical spine dated 10/11/13 showed minimal disc desiccation and spondylosis at C5-6 and right C6-7 mild foraminal stenosis. Conservative care included noted physical therapy for the right hip; uncertain of any conservative approaches for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT C5-6 AND C6-7 EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175 and 181.

Decision rationale: An MRI of cervical spine dated 10/11/13 showed minimal disc desiccation and spondylosis at C5-6 and right C6-7 mild foraminal stenosis. Conservative care included noted physical therapy for the right hip; uncertain of any conservative approaches for cervical spine. Review indicated MRI of the cervical spine showed mild foraminal stenosis on right; however, does not correlate with clinical findings and symptom complaints of left. Clinical exam has remained unchanged with diffuse weakness since 2012 report from pain management without correlating dermatomal sensory loss or reflex abnormality. Additionally, the patient had reported 100% relief from previous LESI; however, remained temporarily totally disabled. Submitted reports have also not adequately demonstrated failed conservative trials or functional benefit from previous pain interventions to support for request outside guidelines criteria. The left C5-6 and C6-7 epidural steroid injections are not medically necessary and appropriate.