MAXIMUS Federal Services

Case Number:	CM13-0067454		
Date Assigned:	01/03/2014	Date of Injury:	02/03/2012
Decision Date:	05/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational Medicine, 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:

The patient is an employee of [redacted] and has submitted a claim for musculoligamentous injury of cervical and lumbosacral, herniated nucleus pulposus of lumbar spine, and disc degeneration of cervical spine associated with an industrial injury date of 02/03/2012. Treatment to date has included cervical and lumbar epidural steroid injections, trigger point injection, physical therapy, chiropractic care, acupuncture, home exercise program, and medications including morphine, Norco, and Zanaflex. Utilization review from 11/20/2013 denied the request for outpatient cervical epidural steroid injection because there was no sufficient documentation in terms of examination findings, dermatomal pain pattern, or decreased sensation, that will support its use. Medical records from 2012 to 2014 were reviewed showing that patient complained of chronic neck pain radiating to his right shoulders up to the right hand associated with numbness and tingling sensation to his right 4th - 5th digits. Patient also complained of moderate headaches and neck stiffness aggravated upon tilting up or down. This resulted to difficulty sleeping and awakening due to pain. Patient also reported of dropping off objects unintentionally. He likewise experienced low back pain radiating down his right hip. Pain was graded 3-4/10 in severity. He had difficulty cooking, cleaning, doing household chores, shifting from sit to stand, climbing stairs, driving, and getting out of vehicles. Physical examination showed muscle spasm at the paracervical and paralumbar muscles. Range of motion of cervical spine resulted to pain upon flexion beyond 45 degrees, extension at 20 degrees, rotation at 35 degrees on both sides, and lateral flexion at 15 degrees on both sides. Range of motion of lumbar spine showed pain upon flexion at 60 degrees, extension at 25 degrees, rotation on both sides at 30 degrees, and lateral flexion on both sides at 20 degrees. Motor strength was 5/5 at all extremities. Jamar dynamometer test showed grip strength of right: 42/42/40 compared to left 42/38/40. Circumference of right biceps was 31cm vs left biceps 30.5cm; right forearm 23

cm vs left biceps 22.5cm. Deep tendon reflexes were equal and symmetric. Spurling's test was positive on the right. Hyperesthesia was noted at the 4th and 5th digits, right hand. MRI of cervical spine, dated 06/18/2012, revealed 3mm right and left posterior disc protrusion at C5-C6 and C6-7 resulting in bilateral C5-6 foraminal encroachment with potential for impingement upon exiting C6 nerves bilaterally; 3mm far right and 4mm far left disc protrusion at C6-C7 resulting in severe left and moderate to severe right foraminal encroachment; potential impingement of the exiting C7 nerve roots; 3.5mm right paracentral disc osteophyte at C3-4 resulting in moderate C3-4 foraminal encroachment. EMG/NCV of upper extermities, dated 09/13/2012, revealed normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CERVICAL EPIDURAL STERIOD INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 8 CCR SECTION 9792.20-9792.26, 46

Decision rationale: Final Determination Letter for IMR Case Number CM13-0067454 4 As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, patient had a previous ESI at C7-T1 on 11/05/2012 which resulted to 50% pain reduction in his right arm and was deemed successful. Patient was unresponsive to conservative treatment, i.e. physical therapy. The rationale given for a second ESI is to reduce pain and inflammation, and to help restore range of motion. Patient was also instructed on the importance of continuing his exercise program to increase the rate of success of ESI. Cervical MRI findings likewise showed multivel disc protrusion resulting to foraminal encroachment. The medical necessity for a repeat ESI appears to be consistent with the MTUS guidelines noted above, however, it does not seem reasonable to approve the request for an unspecified level of injection to the cervical spine. Therefore, the request for outpatient cervical epidural steroid injection is not medically necessary.