

Case Number:	CM13-0071602		
Date Assigned:	01/08/2014	Date of Injury:	03/21/2008
Decision Date:	04/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 is a 49-year-old male patient with a reported work-related date of injury 03/21/2008, and the mechanism of injury was an injury to the neck and back due to cumulative trauma involving repetitive bending, stooping, heavy lifting, overhead reaching, and other activities. On orthopedic initial evaluation, 09/06/2013, the patient presented with right-sided neck pain radiating into the right upper extremity; low back pain, and left leg pain. An MRI of the cervical spine revealed degenerative disc disease. The patient then underwent replacement of 2 discs in the neck in 2009. It was reported that the surgeries relieved much of the neck pain for about a year, and then returned with noted decrease in range of motion of the neck. The pain was described as constant, aching, sharp, and radiated to the right arm and elbow. There was also associated intermittent numbness and tingling in the right hand, as well as low back pain described as constant and radiating to both legs, greater in the left. Medications listed were OxyContin, Hydrocodone, a muscle relaxant, and Gabapentin. Physical examination revealed 1+ cervical paraspinal muscle spasm and tenderness; cervical extension and flexion at 10 degrees, bilateral bending at 15 degrees, and bilateral rotation 40 degrees; the neck pain was associated with all motions; decreased to light touch and pinprick sensation in the right C6 dermatome and right L3-4 dermatomes; the patient ambulated with a cane; 1 to 2+ lumbar paraspinal muscle spasm and tenderness; flexion and bilateral bending at 20 degrees; extension at 10 degrees; and bilateral positive straight leg raise at 60 degrees. A cervical x-ray revealed the patient had an artificial disc at C5-6 and C6-7. The patient was diagnosed with artificial disc replacement at C5-6 and C6-7, and ruled out herniated versus stenosis at L4-5. A bilateral upper extremity electrodiagnostic study on 10/01/2013 revealed a mild bilateral sensor median nerve carpal tunnel at the wrists, and without motor involvement. In addition, there was a mild to moderate chronic C5 and C6 cervical radiculopathy corroborated by EMG, and with ongoing denervation;

and it was related to nerve irritation, disc disease, foraminal stenosis, scarring, subluxation, and related spinal pathologies post-operatively. EMG was normal at the C7 myotomes at the post operative stage.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR A CERVICAL EPIDURAL STEROID INJECTION AT C6-7:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

Decision rationale: The California MTUS Guidelines state "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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." The request for the cervical epidural steroid injection at C6-7 is non-certified. The documentation submitted for review indicated that there possibly was right C6 radiculopathy based on sensory loss; however, there were no specific motor loss findings based on the EMG, as well as there was no corroborative diagnostic imaging to support findings of radiculopathy. The CA MTUS Guidelines do recommend epidural steroid injections for the treatment of radicular pain, but radiculopathy must be corroborated by diagnostic imaging studies. Given the lack of corroborative imaging studies as recommended by the guidelines, the request is non-certified.