

Case Number:	CM14-0000995		
Date Assigned:	04/04/2014	Date of Injury:	03/14/2012
Decision Date:	08/14/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/03/2014

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:

The injured worker is a 51-year-old male who reported an injury on 03/14/2012. The mechanism of injury was a fall. His diagnoses include degenerative disc disease of the cervical spine, chronic pain and rotator cuff sprain/strain. His previous treatments include medications and physical therapy for rotator cuff surgery. Within the most recent clinical note dated 12/05/2013, the injured worker had complaints of right shoulder pain, mid and low back pain and neck pain and bilateral wrist and hand pain. He reported his neck pain was constant with headaches, and started from back of his head and radiated to the front of his head. The injured worker's medications include, Percocet, Flexeril, Zoloft, Protonix, Xanax, and Nabumetone. On physical examination of the cervical spine, the physician reported there was midline tenderness extending from the C2 to the C6 with no vertebral muscle tenderness noted. There was bilateral cervical facet tenderness noted in the C2-C3, C5-C6 on the right more than left. The cervical range of motion was 40 degrees with flexion (restricted and painful), extension 20 degrees (restricted and painful), lateral bending right and left 20 degrees (painful and popping), and rotation, right 40 degrees/ left 30 degrees (was restricted and painful). The Adson and Tinel's test were negative. The physician reported the sensory examination of the upper extremities showed the patient had increased sensitivity in the distribution median nerve of the bilateral wrist. The physician reported the patient had a previous MRI of the cervical spine that revealed a C3-C4, 2 mm broad based posterior disc protrusion causing pressure over the anterior aspect of the thecal sac, with mild degree of central stenosis, and moderate narrowing of the right/left neuroforamina. The C5-C6, showed a 2mm broad based posterior disc protrusion causing pressure over the anterior aspect of the thecal sac, with a mild degree of central stenosis, and moderate significant narrowing of the left neuroforamina. The C6-C7, showed a 2 mm central and left paracentral posterior disc protrusion causing pressure over anterior aspect of the thecal sac with a moderate

degree of central stenosis. The physician's treatment plan included a recommendation for a diagnostic bilateral C2-C3, C5-C6 cervical facet median nerve block. The physician noted the patient had axial type neck pain with no radicular pain. The current request was for a cervical epidural at several levels. The rationale for the request was due to significant neck pain with flexion, lateral bending and rotation. The request for authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL AT SEVERAL LEVELS: Upheld

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

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

Decision rationale: The request for cervical epidural at several levels is noncertified. The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain, defined as a pain and dermatomal distribution with corroborative findings of radiculopathy. Epidural steroid injections can offer short-term relief and use should be in conjunction with other rehab efforts, including a home exercise program. The guidelines indicate the criteria for epidural steroid injections include radiculopathy must be documented by physical examination and corroborative by imaging studies and diagnostic testing, and initially unresponsive to conservative treatment, including exercise, physical medicine, and medications. The physician reported the injured worker continued to have complaints of axial neck pain with no radicular pain indicated. Due to the lack of neurological deficits on physical examination and documentation, to indicate that the injured worker was unresponsive to conservative treatments, the request is not supported. The request also failed to specify the levels for the injection to be performed. As such, the request for cervical epidural at several levels is not medically necessary.