

Case Number:	CM14-0001492		
Date Assigned:	01/22/2014	Date of Injury:	07/16/2012
Decision Date:	06/06/2014	UR Denial Date:	12/05/2013
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 Emergency 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:

Patient with reported date of injury of 7/16/2012. Mechanism of injury not well defined as it may have been chronic overuse or an acute event. Pt has a diagnosis of cervical spondylosis and cervalgia. Multiple medical records from primary treating physician and consultants reviewed. Last report available was 11/19/13. Pt complains of pain to neck and shoulders. Pain is described as pain and burning. There is description of pain extending to elbows, proximal forearm and some tingling to fingertips. Tingling localized to ulnar side of elbows. Pain is constant and worsens throughout the day leading to headaches. Objective exam reveals normal grip. Cervical spine movement is decreased. There is tenderness to mid and caudal cervical spinous processes and tenderness to posterior pectoral region. No anterior neck tenderness. Tenderness to thoracic spinal axis. Exam to upper extremity is normal except for congenital limitation of forearm supination. Neurological exam of upper extremities are normal. Patient is currently on Robaxin and aspirin. There is no documentation of attempted physical therapy or other treatment modalities. X-rays of neck (7/20/12) described as mild-moderate degenerative changes between C4-C7. MRI of cervical spine (7/12/13) reveals bilateral borderline central canal narrowing at C5-6 and C6-7 due to broad based protrusion. Bilateral foramina narrowing at C5-6 and C6-7 due to posterior lateral uncinat spine without protrusion. Mild C3-4 midline protrusion. Utilization review is for Cervical Epidural Steroid injection to C5-6 and C6-7. Prior UR on 12/6/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION TO C5-6 AND C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION (ESIs) Page(s): 46.

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, ESI may be recommended for treatment of radicular pain. There are specific criteria that must be met before ESI can be recommended. 1) Radiculopathy is not properly documented. While MRI of cervical spine may be consistent with cause of pain, the distribution of pain, the lack of any sensory or motor changes does not meet the definition of radiculopathy. 2) Patient has not yet attempted conservative treatment. Pt has only been on very limited pain medications and has not been on any opiates or other medications for pain control including anti-depressants or anti-epileptics that are first line treatments of neuropathic pain. Since the patient does not meet the first 2 basic criteria for ESI, Epidural Steroid Injection is not medically necessary.