

Case Number:	CM14-0002716		
Date Assigned:	01/29/2014	Date of Injury:	12/09/2010
Decision Date:	07/07/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 a 44-year-old female who has submitted a claim for musculoligamentous strain and spondylosis of the cervical spine with radiculopathy associated with an industrial injury date of 12/09/2010. Medical records from 2012 to 2013 were reviewed. The patient complained of neck pain described as dull, constant, and throbbing in nature, associated with numbness of bilateral upper extremities. Physical examination of the cervical spine revealed tenderness, positive Spurling's on the right, compression, and distraction; and diminished sensation at C5 and C6 dermatomes. Motor strength and reflexes were intact. MRI of the cervical spine, dated 06/27/2012, revealed a cranially dissecting central disc extrusion measuring 2.9 mm x 5.9 mm at C5-C6 which moderately impresses on the thecal sac. EMG/NCV of bilateral lower extremities, dated 08/29/2012, revealed cervical radiculopathy involving C5, C6, not excluding C7, left worse than right. Treatment to date has included cervical epidural steroid injection on 09/18/2013, functional restoration program, and medications such as Tylenol and docusate sodium. Utilization review from 12/26/2013 denied the request for cervical epidural steroid injection because of insufficient evidence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection 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. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, employee's presentation is consistent with radiculopathy, and physical examination revealed a focal neurologic deficit. MRI of the cervical spine, dated 06/27/2012, revealed a cranially dissecting central disc extrusion measuring 2.9 mm x 5.9 mm at C5-C6 which moderately impresses on the thecal sac. However, official MRI result was not made available for review. The patient underwent an initial cervical epidural steroid injection on 09/18/2013; however, there was no noted pain relief or functional improvement from the procedure. The medical necessity for a repeat ESI was not established. Therefore, the request for Cervical Epidural Steroid Injection is not medically necessary.