

Case Number:	CM14-0003879		
Date Assigned:	02/03/2014	Date of Injury:	09/14/1993
Decision Date:	06/02/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/10/2014

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 & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 had a work injury dated 9/14/93. His diagnoses includes cervical stenosis. There is a request for a cervical epidural steroid injection. A 12/2/13 primary treating physician report states that the patient returns today reporting progressively worsening neck pain. The pain radiates into the bilateral trapezii and shoulders and into his upper arms. The patient complains of frequent headaches associated with neck pain. The patient reports constant, severe low back pain. With walking, both of his legs cramp and prevent him from walking greater than half a block. On physical exam the patient appears uncomfortable but in no acute distress. He arises from seated to standing slowly. Gait is slow and guarded. Cervical range of motion is markedly restricted in all planes and painful. Motor and sensory function of the upper extremities is grossly intact. Lumbar range of motion is moderately restricted and painful. There is well-healed midline lumbosacral scar which is non-tender. Motor and sensory function of the lower extremities is grossly intact. The treatment plan included continuing an independent exercise program, continuing present medications (Norco, Celebrex, and Zantac), a request authorization to have the patient undergo a cervical epidural steroid injection and an updated MRI of the lumbar spine to determine the source of the patient's progressively worsening walking difficulty and leg cramping. A 1/14/13 cervical MRI revealed that there is ligamentum flavum hypertrophy at C6-C7 primarily and to a lesser extent C4-C5 and C5-C6 which, along with small disc protrusions, results in mild to moderate central stenosis at all three levels. There is a minimal amount of left foraminal stenosis at C4-C5 and minimal bilateral foraminal stenosis at C5-C6.

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 Chronic Pain Treatment Guidelines Page(s): 167.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45.

Decision rationale: Cervical epidural steroid injection is not medically necessary per the MTUS guidelines. The guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy.) Furthermore the criteria for epidural steroid injection include that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The above documentation does not provide evidence of a radiculopathy in a dermatomal distribution of radiculopathy on physical exam. Furthermore the request does not indicate at which level the injection is to be performed at. Therefore, the request for a cervical epidural injection is not medically necessary and appropriate.