

Case Number:	CM14-0007713		
Date Assigned:	02/07/2014	Date of Injury:	05/28/2013
Decision Date:	06/23/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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, 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 is a 23-year-old male who had a date of injury is May 28, 2013. The diagnoses include neck pain, cervical disc degeneration, rupture/herniation of cervical disc, cervical sprain / strain. There is a request for the medical necessity of cervical epidural steroid injection (ESI). There is a December 18, 2013 evaluation report which states that the patient states his low back pain and right leg radiculopathy has flared up significantly since last office visit. He is doing physiotherapy 3 times a week, with temporary relief. Patient reports bilateral leg weakness and sciatica symptoms have now developed into L leg/thigh area. Patient saw orthopedic doctor last week who recommended MRI CS to be done to rule out radiculopathy pathology. He also recommended CS epidurals. His current complaints are neck pain which radiates down both arms. He rated the pain 10/10 using a visual analog scale with 10 being extreme pain. He has low back pain at 8/10. He has pain in both upper arms and pain in both elbows and pain in both forearms and pain like pins and needles in both arms and pain like pins and needles in both forearms and numbness in both arms and numbness in both forearms. He has pain in both hip joints and pain down both legs and numbness down both legs and pins and needles in both legs and pain in both knees and cramps in both legs. He has pain in both shoulder joints and pain across both shoulders and limitations of movement in both shoulders and tension in both shoulders. On physical exam there was decreased range of motion in his cervical and lumbosacral spine as well as his bilateral shoulders. The treatment plan included physiotherapy for cervical and lumbar spine, EMG/NCV of the upper and lower extremities, and urgent referral to Pain Management for CS and LS epidural injections because his symptoms have worsened and flare ups are more frequent. A Magnetic resonance imaging (MRI) of the cervical spine dated November 2013 documented disc desiccation at C2-C3 down to C6-C7. At C2-C3. C3-C4,

C4-C5, C5-C6 there was a focal posterior disc protrusion which caused mild stenosis of the spinal canal. There was cystic focus in the right thyroid gland likely represent a thyroid cyst. Ultrasound correlation was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (ESI): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIs), 46

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The patient's physical exam does not have a dermatomal specific distribution of pain with corroborative findings of cervical radiculopathy. The request does not specify a level of injection. The request for a cervical epidural steroid injection is not medically necessary or appropriate.