

Case Number:	CM14-0100899		
Date Assigned:	07/30/2014	Date of Injury:	09/09/2013
Decision Date:	09/19/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/30/2014

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:

This 54 year-old patient sustained an injury on 9/9/13 while employed by [REDACTED]. Request(s) under consideration include Cervical Epidural Steroid Injection. Diagnoses include cervical disc displacement; thoracic spine sprain/strain. An MRI of the cervical spine showed multilevel spondylosis at C4-7 with bulging at lower levels. The Report of 5/29/14 from the provider noted the patient with exam findings of tenderness at posterior traps and upper arms; limited range; negative Spurling's; normal motor strength of 5/5 with intact sensation and DTRs. Diagnoses include multi-level cervical spondylosis and disc bulge. Treatment plan included CESI remaining disabled. The Report of 6/2/14 from the provider noted the patient with ongoing neck pain radiating to bilateral upper extremities. It was noted the patient reportedly failed conservative treatment. Exam showed decreased cervical spine range of motion; tenderness on palpation of thoracic spine with intact sensory and motor findings. The request(s) for Cervical Epidural Steroid Injection was non-certified on 6/9/14 citing guidelines criteria and lack of medical necessity.

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 Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, and 181, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 47.

Decision rationale: This 54 year-old patient sustained an injury on 9/9/13. Request(s) under consideration include Cervical Epidural Steroid Injection. Diagnoses include cervical disc displacement; thoracic spine sprain/strain. An MRI of the cervical spine showed multilevel spondylosis at C4-7 with bulging at lower levels. The Report of 5/29/14 from the provider noted the patient with exam findings of tenderness at posterior traps and upper arms; limited range; negative Spurling's; normal motor strength of 5/5 with intact sensation and DTRs. Diagnoses include multi-level cervical spondylosis and disc bulge. Treatment plan included CESI remaining disabled. The Report of 6/2/14 from the provider noted the patient with ongoing neck pain radiating to bilateral upper extremities. It was noted the patient reportedly failed conservative treatment. Exam showed decreased cervical spine range of motion; tenderness on palpation of thoracic spine with intact sensory and motor findings. The request(s) for Cervical Epidural Steroid Injection was non-certified on 6/9/14. The MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing not demonstrated here. Submitted reports have not adequately identified any neurological deficits or significant findings of radiculopathy on clinical exams. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in functional status. The Cervical Epidural Steroid Injection is not medically necessary.