

Case Number:	CM14-0105350		
Date Assigned:	09/16/2014	Date of Injury:	05/11/2003
Decision Date:	10/24/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/08/2014

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, Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 69 year old female who was reportedly injured on 05/11/2003 as what is described as a cumulative injury stemming from 1978 to 05/11/2003. Diagnoses are listed as cervical degenerative disc disease and stenosis at C5-6 and C6-7. Treatments have consisted of activity restrictions, medications, physical therapy, chiropractic therapy, home exercise program and trigger point injections. Cervical MRI dated 11/18/2013 demonstrated loss of the normal cervical lordosis on the sagittal views with straightening of the alignment, small anterior osteophytes opposing C3 to C4 through C6 to C7; a 5mm benign focus of signal involving the anterior superior corner of C7; slight posterior disc bulging at C3 to C4 and C4 to C5 without significant effacement of the thecal sac centrally at C5 to C6 compared to C3 to C4 without foraminal stenosis or nerve root impingement and mild broad based disc osteophyte complex at C6 to C7 which was greater centrally but only slightly effaced the thecal sac in the midline without foraminal stenosis present. Examination revealed decreased cervical range of motion in all planes especially with flexion and extension, radiating pain down the right arm in the C5 to C6 dermatome, weakness with extension on the right side and numbness in the right arm on the lateral aspect, and pain radiating down the right and left C5 to C6 dermatome. A request was made for right sided epidural steroid injection at C5 to C6 and C6 to C7 and was not certified on 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right-Sided Epidural Steroid Injection at C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, (ESIs), Neck and Upper back Complaints, Page(s): page 46.

Decision rationale: The injured worker is status post L2 to S1 lumbar fusion and continues to have problems with her back. the records indicate she also has developed increasing pain in her neck with pain radiating into the arm on the right side. The injured worker had trigger point injections, but they did not give her much relief. Examination of the cervical spine revealed decreased range of motion in all planes especially with flexion and extension. She has pain radiating down the right arm in the C5 to C6 dermatome; weakness with extension on the right side and numbness in the right arm on the lateral aspect. She has pain radiating down the right and left C5 to C6 dermatome. On previous review it was noted that there is a discrepancy in the requesting provider's interpretation of cervical MRI and the radiologist's reported findings. While there is evidence of a right sided cervical radiculopathy on clinical examination, there is no documentation that the injured worker has failed any recent conservative measures other than trigger point injections. As such, medical necessity is not established for right sided epidural steroid injection at C5 to C6 and C6 to C7.