

Case Number:	CM14-0153423		
Date Assigned:	09/23/2014	Date of Injury:	02/24/2014
Decision Date:	11/21/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology has a subspecialty in Pain 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 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:

Patient is a 62 year old male. Progress report dated 08/05/14 states that on 02/24/14, the patient had been pulling a cart and as he turned his torso, he struck his head on a 2x4 piece of a wood. His body jolted. He noted pain in his head and neck. He was examined and x-rays were obtained. He was provided with medication. He was returned to modified work duty, however, his employer was unable to accommodate his restrictions and he was taken off work. He underwent physical therapy modalities, however, he remained symptomatic. Complaints: ongoing neck pain 7-9/10 and stiffness. His pain is located at the base of the neck. His pain is aggravated when tilting the head up and down or moving the head from side-to-side The pain increases with prolonged sitting and standing. He has difficulty sleeping and awakens with pain and discomfort. Also, ongoing pain at the left shoulder 7/10; low back pain 8/10 and stiffness that radiates to both hips, buttocks and both lower extremities to the feet with numbness, tingling and weakness; ongoing pain at the left hip 8/10; intermittent pain and swelling at the right foot 7-8/10. Cervical spine examination reveals tenderness to palpation over paravertebral, trapezius, deltoid and rhomboids area with moderate spasm. There is tenderness over paraspinal muscles. Axial Compression: Positive. Spurling's: Negative. Unrestricted painful ROM. Upper extremity reflexes symmetrical, all rated "1". Sensation decreased over lateral forearm, thumb, and index bilaterally (C6) and left middle finger (C7). Tenderness over bilateral shoulder joints. Negative impingement signs. The prior UR determination letter notes that 03/17/14 Cervical MRI revealed the following: 1) C4-5: 2mm centrally protruded disk with disruption of cervical lordosis contributed to the ventral cord impingement; 2) C5-6: 34 mm right-sided disk bulge and ridging osteophyte including right uncovertebral osteophyte in addition to disruption of the cervical lordosis contributed to mild to moderate right paracentral ventral cord impingement and moderate to severe right foraminal stenosis; 3) C6-7: Moderate anterior loss of disc height, 4-5

mm left greater than right disk bulge and ridging osteophytes in addition to disruption of the cervical lordosis contributed to severe left foraminal stenosis, mild to moderate spinal canal stenosis with ventral cord impingent and mild to moderate right foraminal stenosis; 4) C7-T1: 3-4 mm left greater than right disk bulge and ridging osteophytes contributed to mild to moderate left foraminal stenosis and mild right foraminal stenosis. Diagnoses: Multi-level cervical disc herniation, cervical radiculopathy, lumbar disc herniation, lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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Decision rationale: Biceps, triceps and brachioradialis reflexes are rated "1" and are equal bilaterally. There is sensory decrease over lateral forearm, thumb, index bilaterally (C6) and left middle finger (C7). These clinical findings in conjunction with significant MRI results support radiculopathy for C5-C7. The patient was provided with medication, taken off work, underwent physical therapy modalities, however, and remained symptomatic. Therefore, the recommendation is to certify epidural steroid injection at C6-7.