MAXIMUS Federal Services

Case Number:	CM14-0169070		
Date Assigned:	10/17/2014	Date of Injury:	07/22/2011
Decision Date:	11/19/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/14/2014

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 Pain Management 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:

The injured worker is a 46 year old male with a date of injury on 7/22/2011. Per 4/29/2014 records the injured worker continued to have neck, mid back, and shoulder pain with radicular symptoms as well as numbness and tingling sensation. He rated his pain as 8-9/10 without medications and 2-4/10 with medications. He also reported intermittent muscle spasms. He also stated that he has ongoing increasing anxiety with regard to his injury and chronic pain as well as being down and depressed about his reduced functional capacity and not being able to work. He has had 2 series of epidural injections in 2012 with the most recent one performed in October 2012 which produced minimally effectiveness for approximately two weeks. Per 5/6/2014 records, the injured worker had a prior cervical spine magnetic resonance imaging scan dated 3/2/2012 which revealed (a) C6-C7 4-mm broad based left paraforaminal disc osteophyte complex. He has severe left neural foraminal encroachment due to uncovertebral hypertrophy. He has no central stenosis. (b) C4-5: there are 2-3 mm disc bulges, partially effacing the ventral cerebral spinal fluid space. The injured worker has bilateral neural foraminal encroachment (right greater than left at C4-5) due to uncovertebral hypertrophy and (c) C3-4: a 1-2 mm diffuse disc bulge. He has mild left neural foraminal encroachment secondary to uncovertebral hypertrophy. Cervical spine magnetic resonance imaging scan dated 8/4/2014 revealed (a) there is normal curvature and alignment of the cervical spine. The vertebral body heights are maintained with degenerative endplates changes from C3-C4 through C6-C7. There is suggestion of foreshortening of the lateral masses resulting in an element of congenital spinal canal narrowing from C3-4 through C6-7 levels. The bone marrow signal intensity is preserved. The spinal cord appears normal in caliber and signal intensity. There is cerebellar tonsil ectopia without Chiari I malformation. The imaged paravertebral soft tissues are grossly unremarkable. (b) C5-6: there is shallow posterior disc osteophyte complex indenting upon the ventral aspect

of the thecal sac without abutment upon the spinal cord causing mild canal stenosis. There is bilateral uncovertebral arthropathy causing mild right-sided and moderate left-sided neural foraminal stenosis. Most recent records dated 9/24/2014 he was noted to have an L5-S1 spondylolisthesis, degenerative, lumbar L5 radiculopathy. He has neural foraminal stenosis of the cervical spine as well as cervical degenerative disc disease with neural foraminal stenosis. It affects mainly the right side. He has radiating parascapular pain on the right into the arm down into the thumb, index, and middle finger. Pain woke him up him at night and affects his activities. He reported some mild weakness into the wrist extensors on the right. He has numbness in the thumb and index finger. He has tenderness in the paraspinous muscle area on the right along the medial border of the scapula. He has weakness in the wrist extensors on the right and numbness in the C6 nerve root distribution. He is diagnosed with (a) cervical degenerative disc disease with discogenic pain, (b) cervical C5-6 right cervical radiculopathy, and (c) there is evidence of lumbar degenerative disc disease with spondylolisthesis and L5 nerve root compression related to L5-S1 neural foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Cervical Epidural Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Evidence-based guidelines indicate that in order for an epidural steroid injection to be warranted there should be documentation and evidence of radiculopathy found through physical examination and is further corroborated by imaging studies and/or electrodiagnostic studies as well as evidence of failed conservative treatments. In this case, physical examination findings are suggestive of radicular symptoms however the most recent presented magnetic resonance imaging scan of the cervical spine findings dated 8/4/2014 do not confirm this. There is also no evidence of an electromyogram/nerve conduction velocity study confirming radiculopathy. Moreover, there are inconsistencies in the presented levels of radiculopathy. In the prior records dated 9/11/2014 radiculopathy was noted at C7 however more recent notes dated 9/24/2014 indicates C5-C6 level radiculopathy. It is imperative that radiculopathy should thoroughly and accurately pinpointed in order to establish a more applicable medical treatment regimen. Therefore, the medical necessity of the requested cervical epidural injection is not established. The request is not medically necessary.