MAXIMUS Federal Services

Case Number:	CM14-0170487		
Date Assigned:	10/20/2014	Date of Injury:	10/29/2012
Decision Date:	11/20/2014	UR Denial Date:	10/02/2014
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 Occupational 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:

According to the provided documents, this is a 58-year-old woman who was injured on 11/12/12. The disputed request is a cervical epidural steroid injection of C5-C6 addressed in the utilization review determination on 10/2/14. Documents indicate that she is a teacher who worked with autistic children; she had a particularly aggressive child who was physical and would punch and hit her and she had difficulty restraining him. She noted that there was soreness of the upper back, right shoulder and right upper arm the next day. There's been treatment with multiple medications; physical therapy, modified duty, and diagnostic testing which included an MRI of the neck. There is a 9/10/14 orthopedic reevaluation indicating that the patient had been rated MMI on 4/17/14 and last seen on 7/17/14. A QME on 7/17/14 had recommended an epidural steroid injection in the neck. There were subjective complaints of neck soreness bilaterally radiating achiness and a vague dysesthesia in the right arm extensor surface. There was no frank numbness. Objective findings included neck range of motion, slight tenderness on the left and right, reflexes remained 3+ and symmetric, motor and sensory are intact other than the vague altered sensation without frank numbness on the extensor surface of the entire right arm. The report did not include an impression/diagnosis. The treatment plan recommended the epidural steroid injections noted by the QME. A follow-up in 6 weeks and continued exercises were also recommended. She declined oral medication. She was felt to continue to be MMI. There was an 8/13/14 orthopedic PQME reevaluation that documents subjective complaints of pain, and aching, in the neck with radiation of tingling pain and numbness from the neck to the right shoulder and down to the fingers. Pain was 8/10. It had gotten worse. There were also complaints of aching throbbing pain in the right shoulder. Neck pain had improved since the last evaluation. The patient's past treatment included acupuncture, chiropractic, and TENS which did not help. The medications that the patient was taking were Tylenol, metformin, simvastatin, lithobid and

aspirin. Examination made no mention of any neurologic deficits or even any neurologic exam of the upper extremities. Diagnosis was cervical radiculopathy and cervical degenerative disk disease with herniated nucleus pulposus. The report noted that the patient's problem had been going on for 2 years with a significant amount of therapy and chiropractic and she needed to decide whether not to go through with more invasive treatment such as an epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

C-ESI C-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175,181.

Decision rationale: ACOEM guidelines state that Cervical Epidural Corticosteroid Injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. There is no indication in the records that this patient is a surgical candidate, nor is there any clinically evident cervical radiculopathy documented as there is no clear-cut objective focal neurologic deficit in the upper extremities on exam. Therefore, based upon the evidence and the guidelines this is not medically necessary.