

Case Number:	CM14-0023814		
Date Assigned:	06/11/2014	Date of Injury:	08/02/2013
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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, has a subspecialty in 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 59 year old male who reported injury to the neck and back on 08/02/2013 secondary to falling from a trailer. He complained of neck pain that radiates into the bilateral shoulders and weakness of the left arm. His description of the pain is it feels like a pins and needles sensation in the left arm that is intermittent and rates that pain on average an 8/10 and at its worse a 10/10. He states that his pain is aggravated by lying, sitting, and physical activity and is somewhat relieved with his medications. On physical examination there was no tenderness, edema, or kyphosis of the cervical area. The neural foraminal compression test was negative bilaterally. His muscle strengths were all normal and sensation was normal except for decreased pinwheel sensation in the C7 distribution on the left side. He had negative Phalen's and Tinel's sign bilaterally. The bicep, triceps, brachioradialis, patellar, and gastrocnemius reflexes were all 2/4. The Hoffman's and Babinski signs were absent. An MRI (magnetic resonance imaging) of the cervical spine was done on 01/23/2014 that revealed a 3mm central C5-6 disc protrusion with severe right and moderate left neural foraminal stenosis and broad based posterior disc osteophyte complex. The injured worker had past treatments of 6 physical therapy visits, oral NSAID (non-steroidal anti-inflammatory drug), a muscle relaxant and home exercises in which he reported provided little relief. His medications were diclofenac 75mg by twice a day, flexeril 7.5mg by mouth three time a day as needed. The treatment plan is for a trial epidural steroid injection C5-6 and C6-7. The NSAID was discontinued as a result of symptoms of dyspepsia. He has diagnoses of cervical spondylosis at C5-6 and C6-7 with radiculopathy. The request for authorization was signed and dated 01/15/2014. There is rationale for the request for a trial epidural steroid injection C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL EPIDURAL STEROID INJECTION C5-6 C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESI's) Page(s): 46.

Decision rationale: The request for a trial epidural steroid injection C5-6 and C6-7 is not medically necessary. The injured worker complained of neck pain that radiates into the bilateral shoulders and weakness of the left arm. His description of the pain is it feels like a pins and needles sensation in the left arm that is intermittent and rates that pain on average an 8/10 and at its worse a 10/10. He states that his pain is aggravated by lying, sitting, and physical activity and is somewhat relieved with his medications. He has diagnoses of cervical spondylosis at C5-6 and C6-7 with radiculopathy and has been treated with 6 physical therapy visits, oral NSAID (non-steroidal anti-inflammatory drug), a muscle relaxant and home exercises in which he reported provided little relief. According to CA MTUS chronic pain medical treatment guidelines epidural steroid injections are recommended if radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and is initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). It also suggest that injections should be performed using fluoroscopy (live x-ray) for guidance and no more than two nerve root levels should be injected using transforaminal blocks or one with interlaminar level at one session. Documentation clearly stated that the injured worker has tried all conservative measures such as physical therapy visits, oral NSAID (non-steroidal anti-inflammatory drug), a muscle relaxant and home exercises and has not gotten much relief from that. However, there was only decreased sensation in the left C7 dermatomal pattern. The injured worker was otherwise neurologically intact. There is a lack of physical examination findings to suggest radiculopathy at the C5-6 level to warrant an ESI at this time. In addition, the request does not specify that fluoroscopic guidance will be used. Therefore request for a trial epidural steroid injection C5-6 and C6-7 is not medically necessary.