

Case Number:	CM14-0037150		
Date Assigned:	06/25/2014	Date of Injury:	02/03/2012
Decision Date:	07/25/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/27/2014

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 & Rehabilitation 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 56-year-old female who injured her neck on 2/3/12 when she fell. The prior treatment consisted of medications, a cervical epidural steroid injection (ESI) in 11/13 and acupuncture therapy. MRI of the cervical on 9/6/12 showed moderate canal stenosis with a four millimeter bulge at C3-C4 and a three millimeter bulge at C4-C5 with moderate central stenosis with bilateral foraminal stenosis and moderate central stenosis at C5-C6. On 2/10/14, the patient complained of ongoing neck pain that went down the right arm and was associated with numbness and tingling. Examination revealed right hand grip strength of 14-10-10 pounds and left hand grip strength of 16-16-14 pounds. Motor strength examination in the right upper extremity was 4+/5. There was slightly positive Spurling's sign. There was numbness in the C5-C6 distribution on right arm versus left. The patient was diagnosed with cervical disc herniation, cervical myofasciitis, and cervical radiculopathy. A second cervical ESI was denied as guidelines state ESI is not supported in the absence of radiculopathy. On 05/12/14, the patient complained of moderate neck pain radiating into upper arm and elbow and moderate right shoulder pain radiating into arm and elbow. Examination of the cervical spine revealed decreased range of motion (ROM) to flexion (1 fingerbreadth), extension (30 degrees), right and left lateral bending (10 degrees) and right and left rotation (60 degrees). There was stiffness and marked tenderness to right upper to mid-cervical spine. The diagnoses were cervical strain, chronic neck pain with moderate stenosis at C3-C4, C4-C5 and C5-C6 with neural foraminal stenosis and intermittent right upper extremity radiculopathy including shoulder/scapular pain. The planned treatment was Voltaren gel, acupuncture, and cervical ESI/facet joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C3-C4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG)/ Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition)- Disability Duration Guidelines (Official Disability Guidelines 9th edition)/ Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, page 46 Page(s): 46.

Decision rationale: As per CA MTUS Guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. In this case, this patient received ESI in 11/13, however, there is no documentation of any significant improvement in pain or function. Furthermore, there is no documentation of trial and failure of conservative management such as physical therapy, traction, NSAIDs or oral steroids. Based on all of the above reasons, the medical necessity has not been established for cervical epidural steroid injection and the request is not medically necessary.