

Case Number:	CM14-0066752		
Date Assigned:	07/11/2014	Date of Injury:	01/28/2013
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/09/2014

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 Interventional Spine 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 patient is a 54-year-old male with an injury date of 01/28/2013. According to the 04/01/2014 progress report, the patient complains of neck pain, lower back pain, and lower extremity pain bilaterally in the feet. Spinal vertebral tenderness was noted in the cervical spine C5 through C7. There is tenderness noted in the bilateral occipital area upon palpation. Range of motion of the cervical spine is moderately limited due to pain and pain is increased with flexion, extension, and rotation. Sensory examination also shows decreased sensation bilaterally, and the affected dermatome is C4-C5. An MRI of the cervical spine dated from 04/25/2013 indicates that at C4-C5, there is a broad-based disk protrusion that abuts the spinal cord producing spinal canal narrowing. There is also facet and uncinat arthropathy, as well as bilateral neuroforaminal narrowing. With medications, the patient rates his pain as a 6/10, and without medications, the patient rates his pain as an 8/10. The patient's diagnoses include the following: 1. Cervical facet arthropathy. 2. Cervical radiculopathy. 3. Lumbar facet arthropathy. 4. Lumbar radiculopathy. 5. Chronic pain. The request is for an outpatient cervical epidural steroid injection bilateral C4-C5. The Utilization Review determination being challenged is dated 04/23/2014. Treatment reports were provided from 06/13/2013 - 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Cervical Epidural Steroid Injection (ESI) Bilateral C4-5: 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 (ESIs) (MTUS pgs 46, 47) Page(s): 46, 47.

Decision rationale: According to the 04/01/2014 report, the patient presents with neck pain, lower back pain, and lower extremity pain bilaterally in the feet. The request is for an outpatient cervical epidural steroid injection bilaterally at C4-C5. The patient has had considerable persistent pain with negative impact on function, and has failed more conservative treatment. There is no indication that the patient has had an epidural steroid injection in the past. MTUS page 46 and 47 states that an ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). MTUS further states Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In regards to the neck pain the physician states that the pain does not radiate to the upper extremities. Although the physician provided an MRI which revealed bilateral neuroforaminal narrowing at C4-C5 and physical exam showed decreased sensation bilaterally at C4-C5, the patient does not present with any radicular symptoms warranting an ESI. The request is not medically necessary.