

Case Number:	CM14-0072547		
Date Assigned:	07/16/2014	Date of Injury:	07/26/2009
Decision Date:	09/10/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/19/2014

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:

The injured worker is a male with a date of injury of 7/26/2009. Per primary treating physician's progress report dated 4/1/2014, the injured worker complains of low back, neck, bilateral shoulder and bilateral elbow pain. He has been working full duty as able with some increase in neck pain. He felt that he was able to manage his pain with medications and his home exercise program, but his pain is becoming more persistent and difficult to manage. He states he is having more tingling into his right upper extremity. He is performing his home exercise program daily to increase his strength, flexibility and increase functional stamina. He continues to utilize his H-wave machine as needed for pain relief and decreased muscle tightness. He reports that the increase in Norco provided significant pain relief and improved functional mobility. He is only taking it as needed, which tends to be after a hard labor intensive day at work. He also feels that the Naproxen and Flexeril provides enhanced pain relief and decreased muscle tightness. He only takes the Flexeril with increased muscle spasms or with and acute flare-up. He describes his neck pain as a constant aching sensation. He is having right arm tingling. His low back pain is a dull ache. The pain is worse with lifting and with prolonged walking, standing, and sitting. The pain is better with physical therapy, acupuncture, massage, chiropractic care, laying down, medications and stretching. He rates the pain as 5-6/10 without medications and 1-2/10 with medications. Pain is improved since his last visit, and he has not new symptoms or neurological changes. On examination he is in no acute distress. His gait is antalgic. Cervical spine examination reveals 5-/5 bilateral upper extremity strength secondary to pain. Sensation is diminished on the right upper extremity along the C6-7 dermatome and intact on the left. DTRs are +1 and symmetric. Spurling's sign is negative but elicits pain. There is no clonus or increased tone. Hoffman's sign is negative bilaterally. There is tenderness over the cervical paraspinals, bilateral upper trapezius and bilateral ISA. There is tenderness over the facet joints C5-6 and C6-

7. Cervical spine range of motion is reduced in all planes. Bilateral upper extremity range of motion is within functional limits on all planes. There is bilateral forearm tenderness along brachioradialis, lateral epicondyle, latissimus, and pectoralis muscles with myofascial restrictions. There is fair to good scapulohumeral rhythm bilaterally. The diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, generalized muscle weakness, neck pain, shoulder pain, numbness bilateral arms, numbness bilateral arms, history of clavicle fracture, basal skull fracture, glenoid fracture of shoulder, temporal bone fracture, tinnitus, and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The requesting physician explains that the injured worker has increase in neck pain and dysfunction since returning to work full time and there is a slight decline in his physical examination. The cervical epidural steroid injection is requested because it is felt that he would benefit with decreased in discogenic and right upper extremity pain. The goals of the epidural injections are to reduce the injured worker's radicular and discogenic pain and improve function. The claims administrator reports that the diagnosis of cervical radiculopathy is unsupported, citing the AMA Guides to the Evaluation of Permanent Impairment, 5th edition, chapter 15, pages 382-383. Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria, including radiculopathy being documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Examination reveals sensation is diminished on the right upper extremity along the C6-7 dermatome, which is clinical evidence supporting the diagnosis radiculopathy. MRI of the cervical spine dated 1/4/2013 reports C3-4, C4-5, C5-6 spondylosis with neural foraminal stenosis. The AME dated 2/19/2014 recommends epidural injections of the cervical spine are utilized for an acute exacerbation. The request for cervical epidural steroid injection is determined to be medically necessary.