

Case Number:	CM13-0006097		
Date Assigned:	12/11/2013	Date of Injury:	01/18/2012
Decision Date:	03/09/2015	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/02/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66 year old male who sustained a work related injury on 1/15/2012 when sustained a fall and hit his head, shoulder leg and hip. Per the Primary Treating Physician's Progress Report dated 7/05/2013, the injured worker reported constant severe pain in the head, neck, upper back, middle back, lower back, right shoulder, right arm, right elbow, right wrist, right hand, right leg, right knee, right ankle and right foot. The pain is described as throbbing, dull, aching, pressure-like, cramping, shooting and electric-like, with muscle pain, pins and needles sensation, cold, abnormal swelling, and sweating. Symptoms are described as unchanged. Functional limitations include avoidance of socializing with friends, physical exercise, performing household chores, participating in recreation, driving long distances and doing yard work or shopping because of the pain. Objective physical examination revealed normal alignment of the cervical spine with tenderness to palpation over the bilateral cervical paraspinal muscles. Forward flexion is 50 degrees, extension 20 degrees, rotation 25 degrees right and left and side bending is 30 degrees bilaterally. There is positive Spurling's maneuver on the right. There is tenderness to palpation over the posterior aspect of the right shoulder. Hawkin's test is positive. Range of motion to forward flexion is 90 degrees, abduction 100 degrees, external rotation 50 degrees internal rotation 45 degrees and extension 10 degrees. There is diminished sensation in the right C6 and C7 dermatomes of the upper extremities. Deep tendon reflexes are symmetrical and 1+/4 in the bilateral upper extremities. Motor strength is 5/5 in the bilateral upper extremities except 4+/5 on the right shoulder abduction and grip strength. MRI dated 4/03/2013 is read by the evaluating provider as mild narrowing of cervical canal and neural foraminal C5-7 with compression of

cord and multilevel neuronal foraminal narrowing, bilateral C6-7, secondary to facet arthropathy. Diagnoses included cervicalgia, disorders of bursa and tendons in shoulder region, unspecified and displacement of cervical intervertebral disc without myelopathy. The plan of care included medications, cervical epidural steroid injection and follow up care. Work Status is modified. On 7/05/2013 a request was made for a cervical epidural steroid injection at the C6-C7 level. On 7/18/2013, Utilization Review non-certified a prescription for cervical epidural steroid injection at C6-C7 level based on lack of medical necessity. Based on MRI results, an ESI may worsen cord compression. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

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 C6-7 LEVEL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections

Decision rationale: The patient presents with pain in head, neck, upper back, mid back, lower back, right upper extremity, and right lower extremity, as per progress report dated 07/05/13. The request is for CERVICAL EPIDURAL STEROID INJECTION AT C6-C7 LEVEL. There is tingling in the right arm and the right hand, numbness in right hand and fingers, and weakness in right arm, right hand, right leg, and right foot. The constant and severe pain is rated at 7/10, as per same progress report. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIS, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." ODG guidelines, chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections --- ESIs ---', state In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, a review of the available progress report does not reveal prior cervical ESI. In progress report dated 07/05/13, the treater requests for cervical ESI to address complaints of neck and radicular pain. The patient suffers from chronic cervical pain and an MRI scan from 2013 reveals narrowing of the cervical canal and neural foramina at C5-6 and C6-7 along with compression of the cord. There is diminished sensation in C7 and C8 dermatomes as well. Given the documentation of radicular symptoms and the corroborating imaging studies, a cervical ESI appears reasonable at this stage. The request IS medically necessary.