

Case Number:	CM14-0189899		
Date Assigned:	11/21/2014	Date of Injury:	04/07/2014
Decision Date:	01/08/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/13/2014

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 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 52 year-old male with an original date of injury on April 7, 2014. The patient sustained a work-related injury while cutting wood with a small saw, and the blade got stuck when he tried to pull it out, he hurt his back. The industrially related diagnosis is cervical spondylosis without myelopathy. The patient has had 8 sessions of physical therapy with no benefit to the cervical region, using cervical collar, and taking medications including Cyclobenzaprine, Ibuprofen, Tramadol, and Omeprazole. The patient has symptoms of numbness and tingling of the right hand, numbness on the left side in the posterior arm and posterior lateral forearm. An MRI of the cervical spine dating on June 13, 2014 revealed degenerative disc disease to C3-4 to C6-7, and central disc extrusion at C6-7 with mild superior migration resulting in central canal stenosis and broad-based osteophyte at the C6 level. An electromyogram performed on 10/28/2014 showed abnormalities involving bilateral 6th cervical nerve roots, bilateral wrist median neuropathy, and bilateral ulnar motor neuropathy. The disputed issues are the request for cervical epidural steroid injection of bilateral C6-7 region, and consultation and procedure with physical medicine and rehabilitation/pain management physician for an epidural injection. A utilization review dated on October 28, 2014 has non-certified these requests. With regards to cervical epidural steroid injection of bilateral C6-7, the rationale for denial was that there was no exam findings specifically identify a cervical radiculopathy bilaterally at C6-7 region, with no documentation for deep tendon reflexes, motor or sensory loss findings. In addition, the findings on exam were non-distinct and did not appear to be dermatomal, and there is a lack of correlation with the imaging study. Therefore, this request was denied. With regards to consultation and procedure with physical medicine and rehabilitation/pain management physician, the reviewer sited even though evaluation management would be appropriate for pain management specialist to perform the above requested procedure, the procedure has not been

determined to be medically necessary. Therefore the consultation and the procedure with physical medicine rehabilitation and pain management physician would not be medically necessary.

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 bilateral C6-7: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, a neurology evaluation dating on 7/17/2014 has documented the diagnosis of cervical radiculitis. An exam on 10/16/2014 shows positive Spurling test on the right side of the neck. An MRI of the cervical spine dating on June 13, 2014 revealed degenerative disc disease to C3-4 to C6-7, and central disc extrusion at C6-7 with mild superior migration resulting in central canal stenosis and broad-based osteophyte at the C6 level. The electromyogram study completed on 10/28/2014 further support the abnormalities involving bilateral C6 (6th cervical) nerve roots. Lastly, the patient has tried and failed conservative management such as medications and physical therapy. In the light of these findings, the currently requested cervical epidural steroid injection is medically necessary.

Consultation and procedure with Physical Medicine and Rehabilitation and pain management physician for an epidural steroid injection at C6-7: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Regarding the request for referral to physiatrist for consultation and treatment of the cervical spine, California MTUS does not address this issue. ACOEM supports consultation when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain in the cervical spine that is consistent with C6 radiculopathy and cervical epidural steroid injection from physical medicine

and rehabilitation and pain management would be beneficial. Therefore, this request is medically necessary.