

Case Number:	CM14-0200408		
Date Assigned:	12/10/2014	Date of Injury:	05/09/2012
Decision Date:	01/30/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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, 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 57-year-old male with a date of injury of 05/09/2012. According to progress report dated 10/21/2014, the patient presents with chronic neck pain that radiates down the bilateral upper extremities. Pain is rated as 7-8/10 in intensity on average with medications, and 8-9/10 without medications. Cervical examination revealed cervical lordosis is decreased, and spinal vertebral tenderness was noted in the C4-C7 levels. There is tenderness noted upon palpation at the bilateral paravertebral C4 to C7. Range of motion of the cervical spine was slightly too moderately limited. The pain was significantly increased with flexion, extension, and rotation. Sensory examination, showed decreased sensation in the bilateral upper extremities in the C6-C7 dermatome. Spurling's test was positive bilaterally. There is an MRI of lumbar spine from 07/03/2012, MRI of the right knee from 07/03/2012, MRI of the pelvis/hip on 07/03/2012. An EMG/NCS from 06/27/2012 was consistent with chronic right S1 radiculopathy. There is no indication of an MRI of the cervical spine. The listed diagnoses are:1. Lumbar radiculopathy.2. Right hip pain.3. Right knee pain.4. Chronic pain.5. History of metastatic testicle cancer.6. Cervical radiculopathy.It was noted the patient has failed conservative treatment, and the patient would like to proceed with a cervical epidural injection for the bilateral C6-C7 level "in efforts to avoid surgical intervention." An AME report dated 09/24/2013 discusses an x-ray for the cervical spine, which showed "straightening of the lordotic curve. For the most part, disk space is preserved. Small osteophytes are seen, mainly at C5-C6, but I do not see anything advanced with regards to significant cervical disk disease." The utilization review denied the request for CESI on 11/11/2014. Treatment reports from 04/15/2014 through 10/21/2014 were provided for review.

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 the bilateral C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Neck and Upper Back

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

Decision rationale: This patient presents with neck and low back pain. The current request is for cervical epidural steroid injection at the bilateral C6-C7. The MTUS guidelines has the following regarding ESI under the chronic pain section, pages 46 and 47, "Recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." In this case, the patient does present with some radicular symptoms, but there is no MRI report of the cervical spine to corroborate patient's complaints. MTUS states that MRI findings must corroborate radiculopathy to warrant such injections. Furthermore, MTUS states that, "There is insufficient evidence to make any recommendation for use of epidural steroid injections to treat radicular cervical pain." The requested cervical epidural steroid injection is not medically necessary.