

Case Number:	CM14-0207989		
Date Assigned:	12/19/2014	Date of Injury:	10/19/2012
Decision Date:	02/18/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 33-year-old woman who sustained a work-related injury on October 19, 2012. Subsequently, the patient developed chronic neck pain. According to a progress report dated October 14, 2014, the patient described her pain at a level of 4-5/10 going to 7-8/10 in the neck and upper back and lower back exacerbated by prolonged sitting. The pain was described as constant burning with numbness and deep. The neck pain radiates to the right upper extremity to the level of the 5th finger, with tingling and numbness and the low back pain radiates to the level of the toe and also the other toes, more on the right. The patient was not taking medications on a regular basis. Physical examination revealed deep tendon reflexes of 2+ in the upper extremities bilaterally. The patient ambulated on heels and toes without assistance. Sensation was normal. Cervical spine range of motion was restricted with extension at 50 degrees, internal bending at 35 degrees bilaterally, and rotation at 60 degrees to the right at 70 degrees to the left. There was 1+ pain on extension, right lateral bending, right rotation. There was pain on the spinous processes of C6 and C7 on the midline. There was pain on the facets of C2 to C6 mostly on the right with moderate paracervical muscle spasm. Spurling's test was positive. Axial compression was positive. Suprascapular nerve area was tender on the right. Thoracic spine was tender on the facets of T4 to T8 bilaterally. Lumbar spine range of motion was restricted with extension at 20 degrees, lateral bending at 15 degrees to the right and 20 degrees to the left, and rotation at 35 degrees with 2+ pain on extension, right lateral bending, right rotation, 1+ pain on the rest of the movement. There was pain on the spinous processes of L5-S1. Pain on the facets of L4-5, 1%-S1 mostly on the right with moderate paralumbar muscle spasm from L2 to L5. Straight leg raise

was positive on the right at 50 degrees and Lasque's was positive only on the right. Patrick Faber's was positive only on the right. Deep tendon reflexes were 2+. Tinel's sign was positive at the elbow on the right side. MRI of the cervical spine dated September 16, 2013 showed no evidence of significant foraminal encroachment or spinal canal stenosis. The patient was diagnosed with cervical sprain with C5-6 mild anterior disc space and height reduction, cervical radiculopathy more on the right C5, C6, and C7 dermatomes, thoracic sprain with thoracic facet arthropathy T4 to T8, lumbar sprain, and lumbar radiculopathy more on the right L5 and S1 dermatomes. The provider requested authorization for Selective cervical epidural steroid injection under fluoroscopic guidance at C5-C6 nerve roots on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective cervical epidural steroid injection under fluoroscopic guidance at C5-C6 nerve roots on the right: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, the patient does not have clinical evidence or EMG findings of radiculopathy. There is no documentation of radiculopathy at the C5-6 level. Therefore, the request for Selective cervical epidural steroid injection under fluoroscopic guidance at C5-C6 nerve roots on the right is not medically necessary.