

Case Number:	CM13-0069849		
Date Assigned:	01/03/2014	Date of Injury:	04/02/2013
Decision Date:	05/30/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/23/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 63 year old female who was injured on 04/02/2013. The patient was injured while lifting and pushing a heavy cash box. Prior treatment history has included Tramadol and pain patches, 18 sessions of physical therapy. The patient returned to work with restrictions of no lifting more than 10 lbs. There is no documentation for cervical MRI, EMG. The most recent PR is dated 11/27/2013 and there is no note of last physical therapy visit. PR-2 dated 11/27/2013 indicates the patient complains of occasional moderate pain that is described as stiffness and was aggravated by overhead work. On exam, there is 3+ spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral sub occipital muscles and bilateral upper shoulder muscles. Axial compression test is positive bilaterally for neurological compromise. Distraction test is positive bilaterally. Shoulder depression test is positive bilaterally. The left biceps reflex is decreased. The left brachioradialis reflex is decreased. The left C5 myotome shows weakness. The left C6 myotome shows weakness and the left C7 myotome show weakness. Diagnosis is cervical disc herniation with myelopathy. The patient needs the epidural injections based on the significant disc pathology seen on MRI that appears to contact the spinal cord.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTIONS: Upheld

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 Epidural Steroid Injections Page(s): 46.

Decision rationale: As per CA MTUS chronic pain medical treatment guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Further guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The progress report dated 11/27/2013 indicates that this patient complained of neck pain and stiffness. The diagnosis was cervical disc herniation with myelopathy. The request was for cervical epidural steroid injections due to significant disc pathology seen on MRI that appear to contact the spinal cord. However, there was no MRI report submitted for review to corroborate with the physical exam findings. Further, the intended level, side, or type of injections is not specified with the request. As such, the request is not medically necessary.