MAXIMUS Federal Services

Case Number:	CM14-0096609		
Date Assigned:	07/28/2014	Date of Injury:	02/11/2014
Decision Date:	10/06/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/25/2014

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 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 34-year-old male, a dishwasher/cook who sustained a work-related injury on 02/11/14 when he had a stack of plastic trays which fell off a shelf striking him on the left side of the face/head with resulting neck pain. MRI of the cervical spine revealed a multilevel cervical disc protrusion and a cervical disc protrusion with neural foraminal narrowing at C5-C6. He reports severe flare-ups of his neck and back pain with radiculopathy to the upper extremities. He rated his pain at 3-4/10; pain increases to 8+/10 with most ADLs. The patient indicates that the radicular pain is significantly worse on the left than the right. He also has intermittent bilateral arm paresthesias, right greater than left. Exam reveals Spurling is positive for neck and arm pain, right greater than left. Cervical spine ROM is limited with pain. Sensation is decreased in the lateral aspect of the right arm. Diagnoses: Neck sprain/strain and concussion with no LOC. He is currently taking Ultram ER 200 mg every day and Norco 3/325 mg twice per day for breakthrough pain. Review of submitted medical records does not indicate any evidence of treatment with physical therapy or chiropractic. The request for right cervical epidural steroid injection #2 at C5-C6 and C6-C7 was denied on 06/20/14 due to lack of medical necessity as it not indicated that how long this patient has been experiencing an exacerbation of his radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical epidural steroid injection #2 at C5-C6 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Per guidelines, cervical epidural steroid injection is recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. 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. Criteria for the use of epidural steroid injections include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no clear documentation of radicular pain in a nerve root distribution. There is no imaging evidence of nerve root compression. There is no Electrodiagnostic evidence of cervical radiculopathy. There is no documentation of trial and failure of conservative management such as physical therapy in this injured worker. Therefore, the medical necessity of the request cannot be established based on the guidelines and submitted clinical information.