

Case Number:	CM14-0211611		
Date Assigned:	12/24/2014	Date of Injury:	02/11/2010
Decision Date:	02/24/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/17/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, 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 56 year old male with a work injury dated 2/11/10. The mechanism of injury was a trip and backward fall while pulling a dolly at work during his job as a shipping worker. The diagnoses include cervical spine musculoligamentous strain/sprain with radiculitis; cervical spine disc protrusion; thoracic spine musculoligamentous strain/sprain; thoracic spine myofascial pain syndrome; lumbar spine musculoligamentous strain/sprain; lumbar spine disc protrusion. Under consideration are requests for cervical epidural steroid injection C5-C6 Qty: 1.00 and cervical epidural steroid injection C6-C7 Qty: 1.00. An 8/25/14 qualified medical examination reveals that there was no gross deformity. There is some tenderness in the lower cervical spine and some muscle spasm on both sides, right being worse than the left. There is no gross deformity, no bruising, no swelling, and no lump. There was decreased cervical range of motion. Patient is well oriented in time and space. There is no coordination problem and no cognition problem. Patient's finger-to-nose test is normal. Romberg sign is negative. Examination of the cranial nerves are found to be normal. Motor power is 5/5. Questionable minimal loss of sensation in the right L5 distribution. Patient could walk on tiptoes and on the heels. The deep tendon reflexes were 2+ in both upper and lower extremities on both sides. Tendon and the plantar response is flexor. A 07/19/12 EMG/NCS of the upper extremities revealed a normal EMG of the upper and lower extremities 2.) Mild/moderate right median sensory neuropathy at the wrist 3.) Left upper extremity and bilateral lower extremity nerve conduction studies within normal limits. A 6/12/12 MRI cervical spine revealed that there is loss of intervertebral disc height and disc desiccation changes seen at the C4-5 and C5-C6, as well as C6-C7 levels with

straightening of the normal cervical spine lordosis. No paravertebral soft tissue abnormalities. C5-C6, C6-C7 levels: Annular concentric and bilateral/lateral 2.8-3 mm broad based disc protrusions present, with bilateral facet arthropathy changes, producing mild to moderate bilateral lateral spinal and neural foraminal stenosis. There is no extrusion or sequestration of the disc material No cord compression Per documentation, the patient had reportedly undergone a prior cervical epidural steroid injection from C5-C7 on 2/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C5-C6 Qty: 1.00: 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)

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

Decision rationale: Cervical epidural steroid injection C5-C6 Qty: 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation submitted does not reveal physical exam findings of cervical radiculopathy in the C5-7 distribution. Furthermore, the documentation does not indicate that the patient had a 50% pain relief and reduction of medication use for 6-8 weeks after the first epidural C5-6, C6-7 injections on 2/14/13. The request for cervical epidural steroid injection C5-C6 Qty: 1.00 is not medically necessary.

Cervical epidural steroid injection C6-C7 Qty: 1.00: 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)

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

Decision rationale: Cervical epidural steroid injection C6-C7 Qty: 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation submitted

does not reveal physical exam findings of cervical radiculopathy in the C5-7 distribution. Furthermore, the documentation does not indicate that the patient had a 50% pain relief and reduction of medication use for 6-8 weeks after the first epidural C5-6, C6-7 injections on 2/14/13. The request for cervical epidural steroid injection C6-C7 Qty: 1.00 is not medically necessary.