MAXIMUS Federal Services

Case Number:	CM14-0142203		
Date Assigned:	09/10/2014	Date of Injury:	01/20/2004
Decision Date:	10/17/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/03/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 68 year old male who was injured on January 20, 2004. The diagnoses listed as calcium deposits in tendon and bursa (727.82). The most recent progress note dated 8/5/14 reveals complaints of moderate right ankle and foot pain as well as in the left foot. Physical examination reveals spasm and tenderness observed in the paravertebral muscles of the cervical spine with decreased range of motion on flexion and extension, decreased sensation with pain is noted in C6 and C7 dermatomal distributions bilaterally. Diagnoses listed as cervical radiculopathy. Prior treatment includes medications, physical therapy, used a transcutaneous electrical nerve stimulation (TENS) unit which provided benefit in his stiffness of the neck and low back. Diagnostic imaging study of a CT C Spine dated 5/23/2012 revealed diffuse idiopathic skeletal hyperostosis throughout the cervical spine with ossification of the posterior longitudal ligament. , cervical spinal canal stenoses are noted mainly at C3 to C4 and C4 to C5. A prior utilization review determination dated 8/4/14 resulted in denial of cervical epidural injection C6 to C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTION C6-7: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & upper Back, ESI

Decision rationale: This is a 68 year old claimant with chronic neck and radicular pain following an alleged industrial injury of 2004. The most recent exam 8/23/14 reveals the claimant to have C6 and C7 and bilateral grip strength loss. The MRI of 5/23/12 reveals idiopathic hyperostosis with spinal stenosis consistent with current findings. It does not appear that the dermatomal dysesthesias were ever present before but its presence supports the request for C67 ESI in an attempt to gain pain relief albeit temporarily. This is in keeping with CAMTUS and ODG recommendations. However failure to document at least 50% relief of symptoms for greater than 6 weeks post injection would be considered a failure of this modality.