

Case Number:	CM13-0022173		
Date Assigned:	03/14/2014	Date of Injury:	12/27/2008
Decision Date:	09/29/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/09/2013

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on 12/27/2008. The mechanism of injury was noted as a fall. The most recent progress note, dated 12/4/2013, indicated that there were ongoing complaints of neck pain with radiation to the bilateral upper extremities and back pain. Physical examination demonstrated a positive Spurling's test and Hoffman's test on the left, positive cervical compression tests bilaterally, diminished sensation over left C6 and C7 dermatomes. Deep tendon reflexes were 1+ at the brachioradialis and triceps muscles. MRI of the cervical spine, dated 6/17/2013, demonstrated 3 mm to 4 mm broad based disk protrusions with bilateral mild to moderate foraminal stenosis at C5-C6 and C6-C7. EMG/NCV studies of the upper extremities, dated 9/25/2013, demonstrated mild to moderate chronic C6-C7 radiculopathy on the left. Previous treatment included a cervical epidural steroid injection on 4/17/2012 and lumbar epidural steroid injections on 4/30/2013 as well as a home exercise program and medications. A request had been made for cervical epidural steroid injection at C6-C7 on the left, which was not certified in the utilization review on 8/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL ESI AT C6-7 ON THE LEFT: Upheld

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 Page(s): 46.

Decision rationale: MTUS Treatment Guidelines support the use of epidural steroid injections for cervical for lumbar radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. Current recommendations suggest a 2nd epidural steroid injection if partial success is produced with the 1st injection, and a 3rd ESI is rarely recommended. Review of the available medical records, indicates that the patient underwent a cervical epidural steroid injection in 2012, but it is unclear if the patient had improvement in pain or function after the injection and/or how long the injection lasted. Given the lack of clinical documentation, this request is not considered medically necessary.