

Case Number:	CM13-0028216		
Date Assigned:	11/22/2013	Date of Injury:	02/27/2010
Decision Date:	02/19/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty Certificate in Pain Management, and is licensed to practice in Georgia. 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 physician 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 claimant is a 50-year-old male presenting with neck pain following a work-related injury on 2/27/2010. The claimant complained of chronic neck pain radiating down both shoulder blades. MRI of the cervical spine was significant for a C3-4 cervical disc protrusion that abuts the thecal sac, a C4-5 mild disc protrusion that abuts the thecal sac with mild neuroforaminal narrowing and right facet unciniate arthropathy, C5-6 facet arthropathy producing right mild neuroforaminal narrowing, and, at C6-7, mild-moderate disc protrusion that abuts the spinal cord producing mild spinal canal narrowing with mild neuroforaminal narrowing. The EMG/NCV on 2/11/2013 was normal. The physical exam was significant for cervical myofascial spasms on palpation, gross 4+/5 weakness in the left upper extremity in a generalized pattern, and mildly positive Tinel's sign along the cubital tunnel on the left side. The claimant was diagnosed with multi-level cervical disc bulge.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 interlaminar epidural injection with fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: p. 46, 2010 Revision, Web Edition.

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

Decision rationale: C7-T1 interlaminar epidural steroid injection with fluoroscopy is not medically necessary. The California MTUS states, "The purpose of epidural steroid injections [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." Furthermore, the Criteria for the use of ESI includes the following: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." This patient's physical exam and diagnostic imaging does not corroborate cervical radiculopathy, for which the procedure was requested. The requested service is therefore not medically necessary or appropriate.