

Case Number:	CM13-0031918		
Date Assigned:	12/04/2013	Date of Injury:	08/17/2010
Decision Date:	01/13/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/04/2013

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 Orthopedic Surgeon, has a subspecialty in Shoulder and Elbow Surgery 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 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 patient is a 43-year-old male who reported an injury on 08/17/2010 after carrying a 50 pound tray of potatoes and slipping and falling to the floor, with the tray falling on top of his legs. The patient was initially diagnosed with a lumbar sprain, thoracic sprain, sacroiliac ligament sprain, and neck sprain. The patient was treated conservatively with physical therapy and medications. The patient underwent an electrodiagnostic study that did not reveal any evidence of cervical radiculopathy, focal nerve entrapment, or peripheral neuropathy affecting the upper extremities. The patient continued to be treated for cervical spine pain with medications, acupuncture, and massage. The patient underwent shoulder surgery; however, he continued to complain of numbness and tingling radiating down the right upper extremity. The patient underwent an MRI of the cervical spine which revealed disc bulge at the C5-6 level impinging the exiting nerve root on the right side. The most recent clinical evaluation provides physical findings to include tenderness to palpation over the cervical and lumbar paraspinal musculature. Range of motion was noted to be decreased in the cervical and lumbar spine in all planes. It was documented that the patient had decreased sensation to the left C5, C6, C7, and C8 dermatomes with decreased sensation to the left L4, L5, and S1 dermatomes. The patient's diagnoses included degenerative disc disease at the C4-5 levels and canal stenosis at the C3-4, C4-5, C5-6, and C6-7. The patient's treatment plan included ongoing medication usage and an interlaminar epidural steroid injection with catheter placement at the C7-T1 to target the C3-4 and C5-6 levels. –

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural steroid injection with catheter placement at C7-T1 - cervical spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The requested interlaminar epidural steroid injection with catheter placement at C7-T1 - cervical spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of interlaminar epidural steroid injections at 1 level when there are documented objective findings of radiculopathy corroborated by an imaging study that has failed to respond to conservative measures. The clinical documentation submitted for review does provide evidence that the patient has disturbed sensation on the left C5, C6, C7, and C8 dermatomes. Although there are disc bulges documented in the MRI at the C3-4 and C4-5 levels, there is no evidence of cord compression or impingement of the exiting nerve roots. The submitted MRI indicates that the patient has a disc bulge at the C5-6 level with nerve root compromise on the right exiting nerve root with no indication of left nerve root involvement. Therefore, the imaging study submitted for review does not corroborate the left-sided dermatomal distribution sensation disturbances. As such, the request for interlaminar epidural steroid injection with catheter placement at C7-T1 - cervical spine is not medically necessary or appropriate.