

Case Number:	CM13-0039480		
Date Assigned:	02/14/2014	Date of Injury:	12/09/2010
Decision Date:	06/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/28/2013

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, has a subspecialty in Interventional Spine, 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 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 patient is a 52-year-old female with date of injury of 12/09/2010. The listed diagnoses per the provider dated 09/23/2013 are: cervical, lumbar, intervertebral disk (IVD) syndrome, myelopathy, cervical spinal stenosis, and status post cervical fusion. According to the report, the patient presents with strong pain in the neck down the left arm persisting since June of 2013. The exam shows severe decrease in range of motion of the neck and low back. There are spasms present in the lower back region. The patient is distraught. There is decreased sensation in the left C6-T1 dermatomes. There is muscle weakness present on the left C7 and C8 nerves. The utilization review then denied the request on 10/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION AT BILATERAL C7 X1 WITH EPIDUROGRAPHY X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections (ESIs Page(s): 46-47.

Decision rationale: This patient presents with chronic neck pain with radiating symptoms down the left arm. The treating provider is requesting a transforaminal epidural steroid injection of the bilateral C7. The MTUS Guidelines on epidural steroid injections, states "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution) with corroborative findings of radiculopathy." The computed tomography (CT) scan of the cervical spine dated 12/26/2012 showed C4 through C7 laminectomy and fusion. The MRI (magnetic resonance imaging) dated 04/29/2013 showed mild left-sided univertebral enlargement with mild left-sided neuroforaminal stenosis at C6-C7 and a 2-mm disk bulge with a high intensity zone centrally at C7-T1. The progress report dated 09/11/2013 shows a positive Spurling's maneuver and a positive facet loading pain bilaterally. In this case, while the patient presents with some radiating symptoms it is not described in a dermatomal distribution. The treating provider also has asked for bilateral injections but the patient only has pain down the left arm. Epidurography is not indicated for a routine epidural steroid injection (ESI). The MRI showed foraminal stenosis on the left side at C6-7 which may result in left-sided C7 radiculopathy but the treating provider does not provide the correlation with electromyogram (EMG), dermatomal pain, or exam findings. As such, the recommendation is for denial.