

Case Number:	CM13-0040813		
Date Assigned:	12/20/2013	Date of Injury:	01/03/2012
Decision Date:	02/24/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of January 3, 2012. A utilization review determination dated October 11, 2013 recommends noncertification for a cervical epidural steroid injection. A progress report dated March 5, 2013 identifies subjective complaints including cervical spine and right shoulder pain. Physical examination reveals tenderness to palpation of the cervical spine and right shoulder. Diagnoses include cervical radiculopathy, and the treatment plan recommends cervical epidural steroid injection, medication, and orthopedic follow-up. An MRI report dated April 8, 2013 identifies a 2 mm disc protrusion at C4-5 with right facet arthrosis which produces moderate right neuroforaminal narrowing. At C5-6 there is also a 1.8 mm broad-based disc protrusion with no neuroforaminal narrowing. An EMG (electromyogram) nerve conduction study performed on May 16, 2013 identifies borderline abnormally prolonged peak latency of sensory nerve action potential of the right median nerve suggestive of borderline right carpal tunnel syndrome, the EMG was normal. A progress report dated April 19, 2013 identifies subjective complaints including neck pain radiating into the back of the head and into the right shoulder as well as nocturnal paresthesia that often awakens the patient throughout the night. No physical examination is included. A progress report dated March 20, 2013 includes objective findings of tenderness to palpation in the cervical spine and decreased cervical spine range of motion

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 Cervical Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for bilateral cervical epidural steroid injection C5-6, Chronic Pain Medical Treatment Guidelines, cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy. Furthermore, the MRI does not support radiculopathy at the proposed level of the epidural steroid injection, and EMG (electromyogram) nerve conduction study does not support the diagnosis of radiculopathy either. In the absence of such documentation, the currently requested Cervical Epidural Steroid Injections C5-C6 is not medically necessary.