

Case Number:	CM13-0042934		
Date Assigned:	12/27/2013	Date of Injury:	07/21/2010
Decision Date:	02/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Practice 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 36-year-old female who reported a work-related injury on 07/21/2010 as result of cumulative trauma. The patient subsequently presents for treatment of the following diagnoses: thoracic or lumbosacral neuritis or radiculitis. Clinical note dated 09/26/2013 reports the patient presents for initial pain management evaluation under the care of [REDACTED]. The provider documents the patient subjectively reports complaints of pain from the cervical spine radiating down the left upper extremity into the hand at a C5-6 distribution rated at 8/10 to 9/10. The provider documented upon physical exam of the patient, there was loss of normal cervical lordotic curve; tenderness to palpation over the midline spinous processes at the C5, C6, and C7 levels. The provider documented cervical compression testing was positive and there was myofascial hypertonicity with discrete trigger points at C4-5 and C6-7. Range of motion of the cervical spine was noted to be at 2 finger breadths of flexion, 25 degrees extension, 75 degrees right lateral rotation, and 80 degrees of left lateral rotation. The provider documented grip strength was at 25-35-40 on the right and on the left 2-2-2. The provider documented the patient had exhausted lower levels of conservative treatment including activity modification, drug therapy, and physical therapy without resolve of her symptomatology. Therefore, the provider recommended cervical epidural steroid injection x1 to the C5-6 level. MRI of the cervical spine dated 12/02/2013 revealed specifically at the C5-6 level, a 1 mm broad-based posterior disc protrusion which results in mild central canal stenosis, mild right neural foraminal narrowing, and no left neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of diagnostic or therapeutic anesthetic or antispasmodic substance (including narcotics); epidural, lumbar or caudal, continuous setting: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The clinical documentation submitted for review fails to evidence objective findings of radiculopathy to support the requested injection therapy. The clinical notes document the patient underwent previous electrodiagnostic studies of the bilateral upper extremities which revealed mild bilateral carpal tunnel; however, no evidence of any active radiculopathy. In addition, imaging of the patient's cervical spine revealed mild pathology at C5-6 with no nerve root involvement; most specifically a 1 mm broad-based posterior disc protrusion resulted in mild right neural foraminal narrowing. The patient complains of symptomatology to the left. California MTUS indicates radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given all of the above, the request for injection of diagnostic or therapeutic anesthetic or antispasmodic substance (including narcotics); epidural, lumbar or caudal, continuous setting is not medically necessary or appropriate.