

Case Number:	CM13-0046980		
Date Assigned:	12/27/2013	Date of Injury:	03/05/1998
Decision Date:	04/25/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/16/2013

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:

This patient is a 65-year-old male with date of injury of 3/5/98. Per the treating physician's report from 9/3/13, the presenting complaints are back ache, neck pain, bilateral leg pain, and bilateral radicular arm pain. Under the history of present illness, the primary treating physician states that the patient needs additional treatments in the form of cervical and lumbar epidural steroid injections for the patient's radicular neck pain; the pain is getting more severe. The patient may also require lumbar and cervical facet injections. The patient has bulging disks in the neck, and radicular pain. Listed diagnoses are cervical and lumbar discogenic syndrome, diabetes, hypertension, asthma, hypercholesterolemia, angina, and insomnia. Another report, dated 8/6/13, states that the patient has C6 radicular pain and weakness in the hand grip bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION C4-C5: 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 Page(s): 46-47.

Decision rationale: This patient presents with chronic neck and upper extremity pains. The treating physician has repeatedly asked for epidural steroid injections and believes that this patient would benefit from them and has indications for them. He mentions that the cervical MRI showed bulging disks. The MTUS guidelines provide clear discussion regarding the use of epidural steroid injections. Epidural steroid injections are indicated for the diagnosis of radiculopathy. While the patient experiences radicular symptoms down both upper extremities and radiating pain down the arms, the treating physician fails to provide MRI findings or other imaging studies that would corroborate the findings of radicular symptoms. There is no evidence of disk herniation or stenosis that would account for the patient's specific radiating symptoms down the upper extremities. Bulging disks are normal findings on MRI, typically found in 80% of the normal population. They do not cause radiating pain down the upper extremities other than as a referred pain from cervical discogenic pain. Physical examinations failed to demonstrate any specific radiculopathies. The reports do not include or make reference to any EMG studies that show a diagnosis of radiculopathy. Based on lack of documentation for radiculopathy, the cervical epidural steroid injection is noncertified.