MAXIMUS Federal Services

Case Number:	CM13-0047190		
Date Assigned:	12/27/2013	Date of Injury:	04/09/2012
Decision Date:	02/20/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

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 and Pain Management, 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 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 41 year-old male delivery driver who was injured on 4/9/12 when he fell out of the truck bed and landed on the ground on his right side. The 10/2/13 medical report [redacted] lists the diagnoses as: axial skeletal pain; cervical radiculitis on physical exam and equivocal positive chronic radiculopathy on EMG; CTS not related to this injury; thoracic and lumbar sprain. The IMR application shows a dispute with the 10/21/13 Utilization Review decision to deny a right C6 cervical epidural steroid injection (CESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Cervical Epidural Steroid Injection (ESI) at the Right C6: Upheld

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

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

Decision rationale: The 10/2/2013 evaluation by [redacted] notes positive Spurling's test. But sensory testing to light touch was normal. The 10/9/2013 QME from [redacted], noted Waddell signs and symptom magnification. He did not find cervical radicular symptoms. The

6/4/2012 EMG/NCV from [redacted] was suggestive of right chronic active C5/6 radiculopathy. [redacted] recommended chiropractic treatment with [redacted]. [redacted] on 1/4/2013 noted decreased sensation at C5 and C6 on the right and positive Spurlings. The 4/25/13 report from [redacted] states the CESI was authorized for C6/7 on 3/28/2013. There is the 7/5/2013 orthopedic evaluation from [redacted], who did not find any radiculopathy or surgical condition, but he wanted to see the actual MRI films. [redacted] went over the MR films on 8/2/2013 and states they are entirely normal and there is no treatment he can offer. He states he was not a candidate for surgery or injections and He transferred the patient to Physical Medicine & Rehabilitation, [redacted]. Chronic Pain Medical Treatment Guidelines states ESI is:" Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy" The criteria for ESI is: " Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The 10/9/2013 report states there is no radiculopathy, but there was symptom magnification and Waddells. [redacted] found positive Spurlings on 10/2/2013 and on 8/2/2013 [redacted] felt there was no radiculopathy and that injections or surgery would not be of benefit. The EMG study was not provided for review. The request for the ESI does not appear to be in accordance with Chronic Pain Medical Treatment Guidelines as there is no mention or exam findings in a cervical dermatomal distribution. The MRI and electrodiagnostic reports were not directly available for review.