

Case Number:	CM13-0054039		
Date Assigned:	12/30/2013	Date of Injury:	06/28/1993
Decision Date:	03/24/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 60-year-old male who reported an injury on 06/28/1993. The mechanism of injury was not specifically stated. The patient is diagnosed with brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis, muscle spasm, cervical facet joint syndrome, lumbar facet syndrome, failed back syndrome of the cervical spine, and failed back syndrome of the lumbar spine. The patient was seen by [REDACTED] on 10/22/2013. The patient has previously undergone multiple cervical facet injections as well as SI (sacroiliac) joint injections. The patient also reported improvement following a lumbar transforaminal epidural steroid injection in 07/2012. The patient presents with ongoing pain across the neck, thoracic and lumbar spine with paresthesia in the upper and lower extremities. Physical examination revealed palpable muscle spasm with trigger points, positive Spurling's maneuver bilaterally, decrease cervical range of motion, tenderness over the facet joints, decrease lumbar range of motion, decreased sensation in the right L4 and L5 distribution, positive straight leg raising bilaterally, tenderness over bilateral sacroiliac joints, and trigger points. It was noted that EMG (Electromyography) testing of the upper extremities indicated C8-T1 radiculopathy. Treatment recommendations included a thoracic epidural steroid injection with fluoroscopy and sedation as well as continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital nerve block to cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted for review, the patient does not demonstrate signs or symptoms or thoracic radiculopathy upon physical examination. There were no imaging studies or electrodiagnostic reports submitted for this review. There is also no evidence of this patient's active participation in a functional rehabilitation program, nor evidence of a recent unresponsiveness to conservative treatment including physical therapy, NSAIDS (Nonsteroidal anti-inflammatory drugs) and muscle relaxants. Based on the clinical information received, the request is non-certified.