

Case Number:	CM13-0054805		
Date Assigned:	12/30/2013	Date of Injury:	09/20/2006
Decision Date:	03/18/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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, 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 the date of injury of September 20, 2006. A utilization review determination dated November 5, 2013 recommends non-certification of C6-7 ESI and 10 acupuncture sessions. The previous reviewing physician recommended non-certification of C6-7 ESI due to lack of documentation of the presence of radicular pain in a dermatomal distribution with corroborating evidence on examination and EMG/imaging studies and non-certification of 10 acupuncture sessions due to lack of documentation of that acupuncture is being used as an option when pain medication is reduced or not tolerated. An MRI of the cervical spine report dated July 25, 2013 identifies conclusion of C6-7 1-2 mm posterior disc bulge resulting in moderate left neural foraminal narrowing. A PR-2 medical report dated October 3, 2013 identifies Subjective complaints of neck pain radiating into her left hand with numbness and tingling into her 1st 2 digits. Objective Findings positive Spurling on the left. Diagnoses include anxiety, depression, headaches, cervical radiculopathy, and bilateral carpal tunnel syndrome. Treatment Plan includes schedule a C6-C7 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS 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, MRI does support a diagnosis of radiculopathy at the C6-7 level. However, the physical examination does not identify findings consistent with radiculopathy at the C6-7 level. It is acknowledged that Spurlings maneuver is positive, but there is no statement indicating that it causes pain radiating into a dermatomal distribution, or any identification of sensory or motor findings in a dermatomal distribution. Therefore, the request is not supported by the guidelines.