

Case Number:	CM13-0056878		
Date Assigned:	04/16/2014	Date of Injury:	07/29/2009
Decision Date:	05/27/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/22/2013

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 Occupational Medicine, 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:

The patient is an employee of [REDACTED] and has submitted a claim for bilateral neck pain associated with an industrial injury sustained on July 29, 2009. Treatment to date has included medications and cervical transforaminal epidural steroid injection, which provided 80% relief of symptoms for 10 months with a resultant decrease in medication dose. Medical records from 2013 were reviewed, which showed that the patient complained of bilateral neck pain exacerbated by lifting, twisting, driving, and lying down, and which is mitigated by pain medications. On physical examination, cervical range of motion was restricted by pain in all directions. Cervical discogenic provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were symmetric bilaterally in the upper extremities. Muscle strength was 5/5 in both upper extremities, except for 4+/5 strength in the right deltoid, biceps, grip, and interossei. Sensation was intact for the left upper extremity, but was decreased to all modalities in the right radial hand and C6 dermatome of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided right C5-6, C6-7 transforaminal epidural steroid injection: 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.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are supported for patients with radicular pain that has been unresponsive to initial conservative treatment and that radiculopathy must be documented by physical examination and corroborated by imaging or electrodiagnostic testing. In this case, although radiculopathy was found during the physical examination, there were no imaging studies or electrodiagnostic testing that corroborated such findings. In addition, the medical reports have noted that the patient's pain was mitigated by pain medications and there was no discussion regarding failure of conservative management. Therefore, the request for a fluoroscopically guided transforaminal epidural steroid injection at the right C5-6 and C6-7 is not medically necessary or appropriate at this time.