

Case Number:	CM13-0057319		
Date Assigned:	12/30/2013	Date of Injury:	10/03/2007
Decision Date:	04/14/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and mid back pain reportedly associated with an industrial injury of October 3, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior left knee arthroscopy; left and right carpal tunnel release surgeries in 2001-2012; and transfer of care to and from various providers in various specialties. In a utilization review report of October 31, 2013, the claims administrator denied a request for cervical epidural steroid injection therapy and denied a request for thoracic spine x-rays. The claims administrator seemingly cited both Chapter 8 ACOEM Guidelines and MTUS Chronic Pain Medical Treatment Guidelines to support the denial. An October 24, 2013, progress note is notable for comments that the applicant reports persistent knee pain, exacerbated by squatting. The applicant is a borderline diabetic, it is further noted. He is apparently a welder/field service maintenance mechanic. The pain score ranged from 4/10 to 7/10. Diminished strength is noted about the lower extremity secondary to pain with an antalgic gait. 5/5 upper extremity strength is noted. Strength about the lower extremities ranges from 3 to 4+ to 5/5. The applicant is described as temporarily partially disabled. He is described as having C4-C5 and C6-C7 moderate bilateral neural foraminal stenosis with associated degenerative changes appreciated on cervical MRI imaging of September 13, 2013. Electrodiagnostic testing of September 3, 2013 is notable for evidence of a mild sensory neuropathy about the upper extremities, right-sided carpal tunnel syndrome, and cervical radiculopathy at C6-C7. [REDACTED] and Viscosupplementation are endorsed. It is further noted that the applicant is having heightened pain and numbness about the hands, particularly at night. The applicant is described as having a double-crush phenomenon in terms of possessing possible carpal tunnel syndrome and cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION: Overturned

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, particularly that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant has radiographic corroboration of the cervical radiculopathy with multilevel neural foraminal stenosis appreciated. There is also electrodiagnostic evidence of a C6-C7 cervical radiculopathy, admittedly superimposed on a generalized neuropathy apparently associated with borderline diabetes. Nevertheless, there does appear to be some cervical radicular component to the applicant's symptoms. It is further noted that, even if there is some lack of diagnostic clarity associated with the superimposed generalized neuropathy, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural steroid injections. For all the stated reasons, then, the original utilization review decision is overturned. The request is certified, on independent medical review.

THORACIC X-RAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The attending provider wrote on the October 24, 2013 progress note in question that he intended to perform thoracic plain film radiography to evaluate the applicant's degenerative disc disease. However, degenerative disc disease is not an indication for thoracic plain film radiography, per the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, which notes that routine usage of plain film radiography in the evaluation and management of the neck and upper back complaints is "not recommended." The applicant does not have any red flag issues such as trauma, tumor, and/or fracture associated with the thoracic spine which would make the case for plain film imaging the same. Therefore, the request remains not certified, on independent medical review.