

Case Number:	CM13-0057791		
Date Assigned:	12/30/2013	Date of Injury:	12/11/2006
Decision Date:	05/07/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine and Rehabilitation, 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 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:

This is a 57 year-old female who was injured on 12/11/2006. She has been diagnosed with cervical spinal stenosis; and cervical spondylosis. According to the 10/7/13 pain management report from [REDACTED], the patient presents with 4/10 neck pain radiating into the left upper extremity. She is only using Lidoderm patches and medical marijuana tablets. Urine drug screen from 10/7/13 was positive for THC. Spurlings test was reported positive on the left and sensation was reported to be decreased in the left upper extremity, but no specific dermatome or nerve root compression was identified. The physician requested a left transforaminal Epidural Steroid Injection (ESI) at C6/7. The physician states imaging shows left foraminal narrowing at C6/7. There were no magnetic resonance imaging (MRI) reports available for this Independent Medical Review (IMR). I have been provided a prior procedural note dated 3/6/12, by [REDACTED] who did a left C7-T1 transforaminal epidural steroid injection. At that time he reports the MRI showed foraminal narrowing at C7-T1. The follow-up report on 3/20/12 shows 100% relief, no pain, but by 5/3/12 it was 5/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION LEFT C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

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

Decision rationale: According to the 10/7/13 pain management report from [REDACTED], the patient presents with 4/10 neck pain radiating into the left upper extremity. I have been asked to review for a left transforaminal epidural steroid injection (TFESI) at C6/7. There are no magnetic resonance imaging's (MRI) or electrodiagnostic reports available for this Independent Medical Review (IMR). On 10/7/13, the physician states an MRI showed left sided foraminal narrowing at C6/7. Prior reviews show the same physician perform a TFESI at a different level at C7/T1 on 3/6/12, and at that time he stated the MRI showed foraminal narrowing at C7/T1. The MRI report is necessary to verify which of the reports are correct. California Medical Treatment Utilization Schedule (MTUS) states epidural steroid injections are: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." California Medical Treatment Utilization Schedule (MTUS) gives specific criteria for epidural steroid injections, the first item is: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The available records did not report a dermatomal distribution of pain. There were no exam findings of any neurologic deficits following a dermatomal or any specific radicular pattern, and the actual MRI or EMG reports were not available for review. Based on the guidelines presented on behalf of the MTUS, the criteria for an epidural steroid injection have not been met.