

Case Number:	CM13-0058795		
Date Assigned:	12/30/2013	Date of Injury:	04/27/2010
Decision Date:	04/01/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 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 63 year old male with date of injury of 04/27/2010. The listed diagnoses per [REDACTED] dated 10/30/2013 are: 1. L3-S1 disc bulge with annular tears with bilateral foraminal narrowing, L5-S1 central canal stenosis 2. Left S1 radiculopathy confirmed by EMG 08/06/2013 3. Left greater trochanter bursitis 4. Left knee degenerative joint disease 5. L4-S1 facet arthropathy 6. Cervical radiculopathy 7. L3-S1 degenerative disc disease 8. Central canal stenosis C5-C7, severe left foraminal C6-C7 stenosis According to progress report dated 10/30/2013 by [REDACTED], the patient presents with neck pain radiating down to the left upper extremity. He also had low back pain radiating to the left lower extremity. He reports left knee pain and rates his pain 8/10 on the visual analog scale. He is currently taking Meloxicam, Omeprazole, Tramadol, Ambien and Zanaflex. Physical examination shows patient walks with a mildly antalgic gait. There is no appreciable swelling or gross atrophy of the paravertebral muscles. There is no evidence of scoliosis. There is tenderness upon palpation of the left paravertebral muscles. There is decreased sensation in the left L4, L5 and S1 dermatome. Straight leg raise is positive on the left lower extremity at 90 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection (ESI): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47.

Decision rationale: This patient presents with chronic neck pain with radiation down the left arm. The treating physician is requesting a cervical epidural injection. Medical reports failed to objectively document exhaustion of conservative treatment such as activity modification, home exercise training, oral pharmacotherapy and Physical Therapy specifically for the cervical spine." MRI of the cervical spine dated 08/07/2013 shows mild to moderate spinal canal stenosis at C5-C6 and C6-C7. There is severe left-sided foraminal narrowing at C6-C7 which could implicate left-sided C7 radiculopathy. MTUS Guidelines p46-47 states "radiculopathy must be documented with physical examination and imaging studies." Progress report dated 10/30/2013 by [REDACTED], show positive Spurling's sign on the left and the patient has pain down the left arm although it is not described in a specific distribution to suggest a dermatome. MRI showed severe foraminal stenosis on the symptomatic side which may explain the patient's left arm pain. Review of the reports do not show that the patient has tried an ESI in the past. Recommendation is for authorization.