

Case Number:	CM13-0061979		
Date Assigned:	12/30/2013	Date of Injury:	10/05/2010
Decision Date:	05/05/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/05/2013

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 has filed a claim for chronic neck pain reportedly associated with cumulative trauma at work first claimed on October 5, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; carpal release surgery in 2007; unspecified amounts of physical therapy over the life of the claim; and unspecified amounts of acupuncture over the life of claim. In a Utilization Review Report of November 13, 2013, the claims administrator denied a request for a cervical epidural steroid injection, citing a lack of proven cervical radiculopathy. Multiple chiropractic progress notes of October 31, 2012, November 30, 2012, and April 1, 2013 are notable for comments that the applicant is off of work, on total temporary disability. On June 26, 2013, it is reiterated that the applicant is off of work, on total temporary disability. A clinical progress note of July 3, 2013 is notable for comments that the applicant reports increased pain about the cervical spine with associated bilateral arm numbness and weakness. 4/5 upper extremity strength is appreciated with paresthesias also noted and positive Phalen signs noted bilaterally. The applicant is placed off of work, on total temporary disability. A cervical MRI imaging of July 19, 2013 is notable for multilevel neuroforaminal narrowing, mild, at C4-C5, moderate at C5-C6, and mild at C6-C7. There is no overt evidence of nerve root impingement. Electrodiagnostic testing of July 24, 2013 is negative for a radiculopathy. On July 31, 2013, the attending provider sought authorization for a cervical epidural steroid injection, a request which was apparently reiterated on September 4, 2013 and on October 30, 2013. The applicant was again described on these occasions as reporting persistent neck pain with numbness and tingling about the hands and 4/5 upper extremity strength appreciated about the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION PER ORTHOPEDIC

RECOMMENDATIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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. However, up to two diagnostic epidural blocks can be performed during the diagnostic phase of a claim. In this case, the applicant has some signs or symptoms of active cervical radiculopathy, including neck pain radiating to the arms, with associated upper extremity weakness. MRI imaging is equivocal to negative with only low-grade neuroforaminal narrowing noted. EMG testing was reportedly negative. However, the applicant's symptoms persist. Other treatments have been tried and failed, including earlier carpal tunnel release surgeries. A diagnostic epidural steroid injection may therefore be beneficial here, particularly as the applicant has not had any prior epidural blocks in the past. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.