

Case Number:	CM13-0062989		
Date Assigned:	01/17/2014	Date of Injury:	04/07/2011
Decision Date:	04/24/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/09/2013

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 & 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 56 year-old male who was injured on 4/7/11 in a work-related MVA. Apparently, he was behind a vehicle that backed-up into the patient's car. He then developed neck pain and pain down the right arm. He has been diagnosed with chronic C7 radiculopathy secondary to C6/7 disk. According to the 10/24/13 neurology report, from [REDACTED], the patient presents with pain into the right forearm and sometimes down the right leg. On exam, the neurologist noted pain radiating down the right arm with extension, and lateral bending, there was hypesthesia in the middle finger on the right hand. MRI from 9/21/11 was reported to show C6/7 right paracentral disc protrusion and compression of the exiting C7 root. The plan was for a C6/7 ESI. On 11/8/13 UR denied the request because the 4/26/13 EMG/NCV showed carpal tunnel syndrome and not cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN EPIDURAL STEROID INJECTION (ESI) AT C6-C7: Upheld

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

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

Decision rationale: The patient presents with neck pain radiating down the right arm. There is decreased sensation in the C7 distribution, and the 9/21/11 MRI shows right paracentral disc protrusion at C6-7 encroaching the spinal canal, lateral recess and neural foramina abutting the cord and C7 root. The 4/26/13 electrodiagnostic testing of the right upper extremity showed signs of CTS, but no EMG findings of radiculopathy. EMG/NCV does not rule out radiculopathy. The patient has physical exam findings of C7 radiculopathy, and corroboration with the MRI findings. The patient has met the MTUS criteria for an ESI.