

Case Number:	CM13-0067703		
Date Assigned:	01/03/2014	Date of Injury:	01/10/1989
Decision Date:	05/21/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/18/2013

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:

Injured worker is a female with date of injury 2/24/1993. Per pain management re-evaluation report and request for authorization, the injured worker complains of ongoing neck pain with radiation into the bilateral shoulders and into the bilateral upper extremities down to the level of the hands and fingers, particularly into the fourth and fifth digits in the bilateral hands. She complains of numbness and tingling as well as shooting and shocking sensations. She rates her pain in these areas as approximately 6 to 7 out of 10. This is worse with holding her head in a single posture for prolonged periods of time and improved with medications and rest. On exam there is tenderness to palpation over the paravertebral musculature. She presents wearing a right wrist brace. GRP strength is diminished bilaterally. There is decreased sensation in the dermatomal pattern in the C5-C6 dermatomes. The MRI of the cervical spine on 9/13/2013 findings include: 1) C3-C4 anterior spondylosis, uncovertebral osteophytes and facet arthropathy contributing to mild bilateral foraminal narrowing, 2) moderate right and left neuroforaminal narrowing, 3) C5-C6 disc osteophyte complex, worse to the left resulting in mild to moderate right and moderate left neuroforaminal narrowing, 4) C6-C7 mild foraminal narrowing related to uncovertebral osteophyte and facet arthropathy. Diagnosis is cervical spine radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INFUSION UNDER FLUOROSCOPY AT C5-6:
Overturned

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

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

Decision rationale: The requesting physician notes that the injured worker has signs and symptoms consistent with cervical radiculitis. She has failed conservative treatments including anti-inflammatories, muscle relaxants and physical therapy without long-term amelioration of the discomfort. Her MRI shows diagnostic evidence of foraminal narrowing bilaterally. The claims administrator notes that the accepted body parts for this claim are the lower back and left knee. If that is the case, this may be a matter of determining causality. Epidural steroid injections are recommended by the guidelines when the patient's condition meets certain criteria, including radiculopathy being documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. The injured worker does meet these conditions, and the requesting provider is requesting a single epidural steroid injection. Additionally, the requesting provider is requesting to perform the procedure under fluoroscopy, which is recommended by the guidelines. The request for cervical epidural steroid injection under fluoroscopy C5-C6 is medically necessary.