

Case Number:	CM13-0070512		
Date Assigned:	01/03/2014	Date of Injury:	09/23/2010
Decision Date:	04/17/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/24/2013

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:

This is a 30 year-old female who was injured on 9/23/10. She has been diagnosed with cervical disc disease and early signs of cervical radiculopathy. According to the 11/6/13 pain management report from [REDACTED], the patient presents with 4-5/10 neck pain and minimal pain down the right arm. She takes gabapentin and famotidine. She saw a QME who suggested surgery, but the patient declines. On the 11/6/13, exam, [REDACTED] states there are no radiating symptoms in the upper extremities and sensation is intact in all dermatomes. Her right hand grip strength was about half of the left hand grip. [REDACTED] states the patient had all conservative care and is non-surgical and he recommends a trial ESI. On 11/26/13, UR denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

cervical spine epidural injection to be done at [REDACTED], quantity # 1:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epidural Steroid Injections (ESIs).

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

Decision rationale: The patient is reported to present with neck pain, sometimes radiating down the right arm. But at the time the ESI was requested on 11/6/13, the patient did not have radiating symptoms or exam findings of radicular pain. The sensory examination was normal. There was no mention of any specific dermatomal pattern identified. [REDACTED] recommended a "trial" ESI, but the records show the patient has already had 2 ESI's, with [REDACTED] performing the procedure on 10/9/2012. On 10/24/13 the radiculopathy was reported to have resolved and the pain was at 3-4/10 and prior to the injection it was 6-7/10. The cervical MRI from 9/13/11 shows involvement of the left C6 root and left C5 root, and C7 bilaterally. MTUS guidelines for ESI states: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). "Then under criteria states: "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. The MTUS criteria for an ESI has not been met.