

Case Number:	CM14-0003594		
Date Assigned:	02/03/2014	Date of Injury:	07/07/2012
Decision Date:	06/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/10/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 40-year-old male who reported an injury on 06/08/2012 secondary to falling off of a ladder. His diagnoses include right-sided C6-7 disc herniation, C5-6 foraminal stenosis, and left upper extremity cervical radiculopathy. According to the medical records submitted for review, the injured worker has been treated previously with physical therapy, medications, and chiropractic treatment. The injured worker was evaluated on 12/03/2013 and reported neck pain and left upper extremity pain with numbness, tingling, and weakness. He reported that the pain radiated toward his left shoulder and down to his radial forearm with numbness in the left thumb and index finger. On physical examination, he was noted to have a positive Spurling's maneuver on the left side. He was also noted to have 4/5 strength in the left deltoid and left biceps with diminished sensation in the left radial forearm, as well as the left thumb and index finger. These findings were noted to be consistent with C5 and possible C6 distribution. It was noted that a previous MRI performed on an unknown date "did appear to show foraminal stenosis in the left side of C5-6." It was also noted that the official MRI report did not note findings of foraminal stenosis. The injured worker was recommended for a followup MRI to evaluate for possible C6 neural compression, as well as an epidural steroid injection. The Request for Authorization Form was submitted on 12/11/2013 for an MRI of the cervical spine and an epidural steroid injection at C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION AT C6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for EPIDURAL STEROID INJECTION AT C6 is non-certified. The California MTUS Guidelines may recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. These guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the most recent clinical note on 12/03/2013, the injured worker reported neck pain and left upper extremity pain with numbness, tingling, and weakness. He reported that his pain radiated down to his left shoulder and radial forearm with numbness in the left thumb and index finger. On physical examination, he was noted to have 4/5 strength in the left deltoid and left biceps. He was also noted to have diminished sensation in the left radial forearm, left thumb, and left index finger, consistent with C5 and possible C6 distribution. The clinical note also indicated that the previous MRI of the cervical spine appeared to show foraminal stenosis in the left side of C5-6, but it was noted that the official MRI report was not consistent with those findings. Although there is sufficient documentation to indicate subjective reports and objective physical examination findings of radiculopathy in a specific dermatomal distribution, the medical records submitted for review failed to provide an official imaging study to corroborate findings of radiculopathy. Therefore, without an accurate assessment of detailed spinal pathology, it cannot be determined that the injured worker would benefit significantly from an epidural steroid injection at the C6 level. As such, the request for EPIDURAL STEROID INJECTION AT C6 is non-certified.