

Case Number:	CM14-0005016		
Date Assigned:	05/23/2014	Date of Injury:	03/11/2011
Decision Date:	08/06/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/13/2014

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 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 patient is a 45-year-old male who has submitted a claim for neck pain, shoulder pain, lower leg pain, and lumbar disc displacement without myelopathy; associated with an industrial injury date of 03/11/2011. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck, upper extremity, right hip, right shoulder, knee, back, and right foot pain. Physical examination showed spinous tenderness of C4, C5, C6, and C7, and over the trapezius muscle with tight muscle bands. Range of motion was limited, and associated with pain. Spurling's test was positive bilaterally. Decreased sensation to pinprick was noted over the right C7 dermatome. MRI of the cervical spine, dated 01/26/2012, showed neural foraminal narrowing at C3-C4 through C6-C7, severe on the right at C6-C7. Official report of the imaging study was not provided. Treatment to date has included medications, physical therapy, lumbar ESI, Hyalgan injections, TENS, right shoulder surgery, right knee surgery (10/08/2012), and right foot fusion (09/25/2013). Utilization review, dated 01/09/2014, denied the request for epidural steroid injection because the laterality to be injected was no specified, evidence of failure of recommended conservative care was not clinically apparent, and the indication for an epidurogram was not stated. An appeal letter was sent on 01/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CERVICAL EPIDURAL STEROID INJECTION AT THE C6-C7 LEVEL UNDER MYELOGRAPHY, EPIDUROGRAM, FLUOROSCOPIC GUIDANCE WITH INTRAVENOUS SEDATION: Upheld

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

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of chronic neck pain despite medications. On physical exam, Spurling's test was positive bilaterally, and hypoesthesia was noted over the right C7 dermatome. MRI of the cervical spine, dated 01/26/2012, showed neural foraminal narrowing at C3-C4 through C6-C7, severe on the right at C6-C7. However, medical records do not show evidence that the patient has had or was unresponsive to physical therapy to the cervical spine. Furthermore, the present request as submitted failed to specify the laterality of the intended procedure. The criteria for ESI have not been met. Therefore, the request for 1 cervical epidural steroid injection at the c6-c7 level under myelography, epidurogram, fluoroscopic guidance with intravenous sedation is not medically necessary.