

Case Number:	CM14-0005708		
Date Assigned:	02/07/2014	Date of Injury:	07/13/2005
Decision Date:	06/27/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/15/2014

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 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 51-year-old male who has submitted a claim for cervicgia, cervical disc displacement, and lumbago; associated from an industrial injury date of July 13, 2005. Medical records from September 25, 2013 to January 15, 2014 were reviewed and showed that patient complained of neck pain, graded 7/10, radiating to the left upper extremity; and low back pain, graded 7/10, radiating to the left lower extremity. Intake of medications decrease pain to a grade of 4/10. He states that he gets significant jolts of pain down the left arm. Physical examination showed that patient can tandem walk. Reflexes are +1. Strength is decreased in the upper extremities. Hoffmann's sign is negative. Two-beat clonus is positive on the right, and negative on the left. The MRI of the cervical spine, dated December 12, 2013, showed the following results. C2-3: There was a focal 3 mm disc protrusion which is impinging upon and slightly deforming the cord to the right of midline. There is subtle increased signal within the disc protrusion on the right consistent with an annular tear. C3-4: There is a 1-2 mm midline bulge present. C4-5: There is a 3-4 mm, broad disc protrusion present. This is contacting a partially flattening cord at this level. C5-6: There is a 4-5 mm paracentral disc protrusion seen to the right of midline. This is contacting the cord and partially deforming and flattening the cord. This is resulting in central compromise of the right exiting nerve root. Treatment to date has included Norco, Flexeril, ibuprofen, Biofreeze gel, Lyrica, capsaicin/salicylate cream, Ambien, and acupuncture. Utilization review, dated January 3, 2014, denied the request for left C4-C5 transforaminal epidural steroid injection because there was no objective documentation of persistent radicular pain on the physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT C4-C5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Overturned

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 Chronic Pain Medical Treatment Guidelines §§9792.20-9792.26 Page(s): 46.

Decision rationale: As stated in the California MTUS Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESIs. ESI can offer short term pain relief and use should be in conjunction with other treatments, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient complains of neck pain accompanied by radicular symptoms. On physical exam, sensorimotor deficits were present. MRI findings are consistent with the physical examination. The criteria for ESI have been met. Therefore, the request is medically necessary.