

Case Number:	CM14-0008370		
Date Assigned:	02/12/2014	Date of Injury:	01/22/2010
Decision Date:	11/21/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/21/2014

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 Pain Management 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 injured worker is a 53 year old female with a date of injury on 1/22/2012. She was initially evaluated by pain management on 1/22/10 for neck and left upper extremity pain she sustained while performing her work as a social worker. The injured worker had undergone physical therapy, medications, and acupuncture without relief of her symptoms. She also underwent a cervical epidural steroid injection on 10/9/12 which provided 4-6 months relief. Physical examination showed loss of the normal cervical lordotic curve, tenderness to palpation of the paravertebral musculature with hypertonicity, positive Spurling maneuver and facet loading, and full motor strength in the bilateral upper limbs. Computerized tomography scan of the cervical spine performed on 12/2/11 showed multilevel degenerative disc disease and facet hypertrophy with mild to moderate neuroforaminal narrowing on the left at C6-7. Impression included cervical spine disc displacement and radiculitis. The plan was for cervical epidural steroid injection at C6-7 on the left in conjunction with home exercise program. Supplemental Qualified Medical Evaluation report dated 8/17/13 indicated that the injured worker's diagnoses included cervical spine radiculopathy and the injured worker was considered to be permanent and stationary with 20% impairment of the whole person.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION C6-7 UNDER FLUROSCOPIC GUIDANCE:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

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

Decision rationale: The injured worker has symptoms of neck and left upper extremity pain that are consistent with cervical spine radiculopathy. Physical examination showed a positive Spurling's maneuver and diagnostic imaging showed degenerative disc disease with neuroforaminal narrowing at the affected side and level proposed for the epidural steroid injection. The injured worker has tried and failed conservative measures, including medication and physical therapy. Lastly, she has responded favorably with a reduction of her symptoms for 4-6 months with a previous injection. Therefore, the epidural steroid injection C6-7 under fluoroscopic guidance is medically necessary. The previous denial was denied based on a lack of objective findings supporting the diagnosis of radiculopathy. However, the injured worker had a positive Spurling's maneuver on physical examination and evidence of neuroforaminal narrowing on diagnostic imaging at the level indicated for the procedure. The request is not medically necessary and appropriate.