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| Case Number: | CM14-0008490 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 05/01/2013 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 12/27/2013 |
| 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 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 53-year-old male who has submitted a claim for cervical spondylosis, cervical radiculopathy, polyneuropathy, lumbar spondylosis with radiculopathy, plantar fasciitis, and myalgia associated with an industrial injury date of 05/01/2013. Medical records from 2013 were reviewed. Patient complained of neck pain, graded 8/10 in severity, radiating to the left upper extremity, associated with numbness. Pain was described as pins and needles sensation, dull, throbbing, and cramping. Aggravating factors included bending, twisting, and lifting objects. The patient likewise reported episodes of left temporal headaches radiating to the left shoulder. The physical examination of the cervical spine showed restricted range of motion and tenderness. Motor strength at left biceps was graded 5-/5. Sensation was diminished at 4th and 5th digits. Reflexes were normal. Impingement test was negative at the left shoulder. Left biceps tendon was tender. The electromyography/nerve conduction study (EMG/NCV) from 12/09/2013 showed mild sensory peripheral neuropathy of the upper extremities with some slowing of motor latencies of ulnar nerves. There was evidence of cervical radiculopathy or isolated entrapment neuropathy such as carpal tunnel syndrome. An MRI of the cervical spine, dated 07/18/2013, showed multilevel severe neuroforaminal stenoses on the left at C3-C4, C4-C5, C6-C7, and C7-T1; and on the right at C5-C6, and C6-C7 levels. There was no mass effect on the spinal cord. Treatment to date has included cervical epidural steroid injection at C7-T1 on 09/18/2013, physical therapy, chiropractic care, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION TIMES ONE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Epidural Steroid Injection Page(s): 46.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines, states that an ESI is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 six to eight weeks. In this case, patient complained of cervical neck pain radiating to left upper extremity associated with weakness, and dysesthesia. Clinical manifestations are consistent with radiculopathy, and corroborated by an MRI findings of multilevel severe neuroforaminal stenoses. The patient previously underwent cervical ESI which resulted to greater than 50% pain relief. However, the medical records failed to document the duration of pain relief, and if there was an associated attenuation of medication intake. The guideline criteria were not met due to insufficient information. Moreover, the request failed to specify the intended level for injection. Therefore, the request for cervical epidural steroid injection is not medically necessary.