

Case Number:	CM14-0008737		
Date Assigned:	02/26/2014	Date of Injury:	07/21/1987
Decision Date:	06/26/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/22/2014

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 Orthopaedic Surgery 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 59-year-old patient with a date of injury of July 21, 1987. The mechanism of injury reported was lifting a case of antifreeze out of the truck. The diagnosis noted was chronic cervicgia with radiculitis. The record indicates that the claimant has previously undergone cervical epidural steroid injections in 2006, 2007, and 2011. The claimant complains of neck pain with radiation to the right upper extremity. An MRI from September 10, 2009 demonstrates a moderate, C5-6 spondylosis with moderately severe right and left foraminal stenosis, with impingement of the right C6 nerve root. Mild disc bulging without neurological compression was noted at C4-5, and C6-7. A recent progress note from December 2013 references a complaint of neck pain with radiation to the right arm and numbness. Physical examination revealed tenderness in the right cervical paraspinal muscles and the bilateral, scapula and thoracic paraspinal muscles. Diminished sensation was noted in the C5, C6, C7, and C8 dermatomes. Motor testing reveals 5/5 strength with the exception of finger abduction (C8) in the APB. Reflexes were not referenced. A previous review of this request resulted in a recommendation for non-certification on January 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (ESI) UNDER FLUOROSCOPY:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 46.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and/or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient physical exam findings provided to corroborate a radiculopathy at the C5-6 level, as no focal findings are noted to support the radiculopathy at this level, and no supporting electrodiagnostic studies have been provided. As such, the request for a cervical epidural steroid injection under fluoroscopy is not medically necessary and appropriate.