

Case Number:	CM14-0100505		
Date Assigned:	07/30/2014	Date of Injury:	10/22/2010
Decision Date:	11/17/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/30/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 36 year old female with an injury date of 10/22/10. Based on the 05/12/14 progress report provided by [REDACTED] the patient complains of neck pain that radiates down both arms to the hands rated 7/10, with numbness and tingling of the right hand. Physical examination to the cervical spine revealed diffuse tenderness to palpation of the cervical spine and bilateral upper trapezius muscles. Range of motion was decreased, especially on left rotation 35 degrees. Per progress report 02/13/14, the patient had 24 chiropractic and 6 acupuncture sessions. She has not tried ESI in the past. EMG 12/05/13- normal study- no evidence of focal nerve entrapment, cervical radiculopathy, or generalized peripheral neuropathy affecting the upper limbs- radiculopathies that are irritative or sensory in nature, and do not cause significant axonal degeneration, may not be detected by either EMG or NCS. Therefore normal EMG does not rule out radiculopathy. MRI of the Cervical Spine 03/15/13- disc abnormality with C4-C5 and C5 -C6 moderate canal stenosis- at C4-C5 and C5-C6 there is her marked contact and distortion of the cervical cord due to central protrusion/extrusion. Diagnosis 05/12/14- cervical disc herniation with stenosis- cervical radiculopathy- left shoulder bursitis and impingement- left shoulder SLAP lesion- right shoulder status post ASAD 10/07/13 [REDACTED] [REDACTED] is requesting Interlaminar epidural steroid injection C4-5 and C5-6. The utilization review determination being challenged is dated 06/17/14. The rationale is "failed conservative treatments for radiculopathic pain not documented..." [REDACTED] the provided treatment records from 12/16/13 - 05/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural steroid injection C4-5 and C5-6: Upheld

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 Epidural Steroid Injections (ESIs) Page(s): 46, 47.

Decision rationale: Patient presents with neck pain that radiates down both arms to the hands rated 7/10, with numbness and tingling of the right hand. The request is for interlaminar epidural steroid injection C4-5 and C5-6. Her diagnosis dated 05/12/14 includes cervical disc herniation with stenosis and cervical radiculopathy. According to the MTUS criteria for the use of Epidural Steroid injections, radicular pain must be documented. In this case, the patient has radiating pain into the arm, Though EMG was normal, MRI showed moderate canal stenosis at C4-C5 and C5 -C6. Per progress report 02/13/14, patient had the 24 chiropractic and 6 acupuncture sessions, and she has not tried ESI in the past. However, this patient has diffuse pain/numbness/tingling down both arms in no specific dermatomal pattern to suggest radiculopathy. MRI showed some stenosis, but examination does not verify that there is radiculopathy. MTUS states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In this case, the patient has quite a bit of radicular pain, but no solid diagnosis of radiculopathy. Recommendation is for denial.