

Case Number:	CM14-0106042		
Date Assigned:	09/16/2014	Date of Injury:	05/15/2012
Decision Date:	10/17/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/09/2014

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 48-year-old male who has submitted a claim for chronic myofascial pain syndrome associated from an industrial injury date of 05/15/2012. Medical records from 2014 were reviewed and showed that the patient complained of neck pain radiating down the left upper extremity with tingling, numbness and paresthesia. Physical examination revealed paravertebral muscle spasm and localized tenderness present in cervical spine and lumbosacral spine. There is a noted loss of lordotic curve of cervical spine and increased lumbar lordosis. There is diminished sensation to light touch in left upper extremity. There are no disturbances to light touch in lower extremities. Patient is positive for left-sided Spurling's maneuver. There is no complete neurologic exam available for review. MRI of the cervical spine dated 07/06/2012 had shown disc bulges at C6-C7 and C7-T1 levels as well as bilateral neuroforaminal narrowing at C5-C6. EMG/NCV dated 04/18/2014 showed no electrodiagnostic evidence of radiculopathy or plexopathy in upper limbs. Treatment to date has included oral medications for chronic pain, physical therapy and a home exercise program. Utilization review from 07/08/2014 denied the request for Translaminar cervical ESI Cervical 7-Thoracic 1 because clinical report, MRI and EMG study all are non-supportive of the request for CESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar cervical ESI Cervical 7-Thoracic 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks. In this case, the patient complained of neck pain radiating down the left upper extremity with tingling, numbness and paresthesia. Physical examination revealed diminished sensation to light touch in left upper extremity. Patient is positive for left-sided Spurling's maneuver. MRI of the cervical spine dated 07/06/2012 had shown disc bulges at C6-C7 and C7-T1 levels as well as bilateral neuroforaminal narrowing at C5-C6. While EMG/NCV dated 04/18/2014 showed no electrodiagnostic evidence of radiculopathy or plexopathy in upper limbs. However, the severity of neural foraminal narrowing is unknown due to absence of official MRI result in the records submitted. Moreover, there was no complete neurologic exam to support presence of radiculopathy. The criteria for ESI have not been met. Therefore, the request for Translaminar cervical ESI Cervical 7-Thoracic 1 is not medically necessary.