

Case Number:	CM14-0010378		
Date Assigned:	02/21/2014	Date of Injury:	08/01/2012
Decision Date:	07/11/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 45-year-old male who has submitted a claim for low back pain syndrome, lumbar/thoracic radiculopathy, cervicalgia, and pain in the left knee joint; associated with an industrial injury date of 08/01/2012. Medical records from 09/08/2013 to 12/16/2013 were reviewed and showed that patient complained of increased neck pain radiating down the arm, low back pain radiating down the anterior thigh and medial calf, and left knee pain. Physical examination showed tenderness over the spinous processes of C5-C6. Range of motion of the cervical spine was limited to pain. Spurling's maneuver was negative. Reflexes and muscle testing were normal. Sensation was intact. MRI of the cervical spine, dated 11/21/2013, revealed levoconvex scoliosis of the lower cervical spine, reversal of expected lordosis attributable to muscle spasm vs patient positioning, and trace neuroforaminal narrowing on the right at C5-C6 and on the left at C6-C7. Treatment to date has included Warfarin, Tylenol, Motrin, chiropractic therapy, and physical therapy. Utilization review, dated 01/17/2014, denied the request for C6-C7 epidural steroid injection because radiculopathy was not documented in the physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 EPIDURAL STEROID INJECTION: 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: 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. In this case, the patient complains of neck pain accompanied by radicular symptoms despite oral analgesics, chiropractic and physical therapy. An MRI of the cervical spine, dated 11/21/2013, revealed mild neuroforaminal narrowing on the right at the level of C5-C6 and on the left at the level of C6-C7. A 10/29/13 medical report described complaints of low back pain with radicular symptoms; there is no mention of neck pain. Diagnoses included cervicgia. There was no mention of cervical radiculopathy. The 12/16/14 medical report included complaints of neck pain radiating down the left arm. Both medical reports, on exam, had negative Spurling's maneuvers since there was no increased neck pain or radicular symptoms. On neither report was there documentation of sensory or motor exams of the upper extremities. Physical exam findings only revealed tenderness and limited range of motion of the cervical spine. Therefore there are no physical exam findings to support radiculopathy. California MTUS guidelines require physical exam findings to support radiculopathy. Therefore, the criteria for ESI have not been met. Moreover, the request failed to specify the laterality for injection. Therefore, the request for C6-C7 Epidural Steroid Injection is not medically necessary.