

Case Number:	CM14-0012975		
Date Assigned:	02/24/2014	Date of Injury:	09/26/2012
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/31/2014

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 Orthopedic Surgery, and is licensed to practice in Texas 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 injured worker is a 53-year-old male who sustained an injury on September 26, 2012 when he twisted his left ankle avoiding a ramp. The injured worker also reported injuries to the left middle finger low back and left middle finger and low back. Prior treatment included acupuncture therapy. Medications included anti-inflammatories including Celebrex. As of December 4, 2013 the injured worker was neurologically intact without any evidence of nerve deficit in the upper extremities. The injured worker attended physical therapy through 07/13. Electrodiagnostic studies from April 12, 2013 noted no evidence for cervical radiculopathy. There was evidence of a mild right radial sensory neuropathy. MRI of the cervical spine from March 4, 2013 noted mild spondylitic change from C3 to C6. There was some mild central canal stenosis and minor neural foraminal stenosis. As of December 30, 2013 the injured worker reported persistent pain in the left ankle and continuing numbness and tingling in the bilateral forearms. On physical examination there were positive Spurling signs with decreased sensation in the bilateral forearms. The requested epidural steroid injection at C6-7 and C7-T1 was denied by utilization review on January 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE ESI AT C7-T1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIS), 46

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

Decision rationale: The clinical documentation submitted for review does not support in a clear unequivocal diagnosis of cervical radiculopathy. Previous imaging studies of the cervical spine showed no evidence of any clear nerve root compression at any level of the cervical spine that would reasonably correlate with the most recent physical examination findings reported including positive Spurling signs and decreased sensation in the bilateral forearms. Electrodiagnostic studies from April of 2013 also noted no evidence for cervical radiculopathy. Given the insufficient diagnostic evidence to support a diagnosis of cervical radiculopathy the requested epidural steroid injection would not be consistent with guidelines. Guidelines recommend that there be clear unequivocal evidence regarding cervical radiculopathy to support epidural steroid injections. The request for a cervical spine ESI is not medically necessary or appropriate.