

Case Number:	CM14-0015997		
Date Assigned:	06/04/2014	Date of Injury:	12/02/2013
Decision Date:	07/31/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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 & Rehabilitation, 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:

This is a 44-year-old gentleman with a date of injury of 12/02/13. Mechanism of injury was a fall from a ladder 5th step, landing on his back. Conservative care was initiated, but due to persistent symptoms from the trauma, MRI ws done on 1/11/14. This showed a 4 mm disc protrusion at C7-T1 with encroachment on the exiting C8 nerve root, DDD and straitening out of the normal cervical lordosis. A 1/15/14 follow-up visit notes the MRI findings, but does not document any symptoms or exam findings consistent with cervical radiculopathy/radiculitis. An immediate ESI is recommended. Neurosurgeyr consult is also requested. This was submitted to Utilization Review and denied on basis of no exam findings that corroborate the diagnosis of radiculopathy. Consequently, the neurosurgery consult was done on 3/11/14, and the neurosurgeon notes that though there is a C7-T1 right disc herniation with foraminal stenosis, the patient does not have a right C8 radiuclopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION TO THE NECK: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Guidelines support use of epidural steroid injections in patients with clinical symptoms of radiculopathy that is supported by exam findings and corroborated by MRI and/or electrodiagnostic studies, who have failed conservative care. In this case, though there are positive MRI findings with a C7-T1 right disc protrusion with encroachment on the right C8 nerve root, there are no symptoms or exam findings suggestive of a right C8 radiculopathy. Without the clinical diagnosis of cervical radiculopathy, an epidural injection to the neck is not medically necessary.