

Case Number:	CM14-0016929		
Date Assigned:	04/11/2014	Date of Injury:	11/09/2011
Decision Date:	06/02/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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:

This is a 60 year-old female who was injured on 11/9/11. She has been diagnosed with cervical facet dysfunction; back strain; cervical Degenerative Disc Disease (DDD); muscle spasms; headache with vertigo and visual issues; postconcussive syndrome; Temporal Mandibular Joint (TMJ) dysfunction; and anxiety disorder. According to the 1/20/14 pain management report from [REDACTED], the patient presents with 8/10 left-side neck pain and numbness and tingling in the left hand. She is s/p cervical facet injections without significant reduction in her pain. MRI was reported to show left-sided foraminal narrowing at C3/4 and C5/6. [REDACTED] requests a cervical epidural steroid injection (CESI), On 2/3/14, UR denied a C7/T1 intralaminar CESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL INTRALAMINAR EPIDURAL STEROID INJECTION C7 - T1, PER 1/27/14 FORM, QTY (1): Overturned

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: The patient presents with neck pain and numbness in the left arm. She is s/p cervical facet injections without benefit. The pain management physician noted that there was an MRI that shows left-sided foraminal narrowing at C3/4 and C5/6, and requested an interlaminar CESI, site unspecified. UR denied a C7/T1 interlaminar CESI. I have been asked to review for an interlaminar CESI with unspecified level. The 1/20/14 report does not identify any specific pattern of nerve root compromise on physical exam. There is a neurosurgical consult dated 1/21/14 with [REDACTED] who found decreased sensation over the left thumb and index finger within the left C6 distribution, that he felt was consistent with the left-sided foraminal narrowing at C5/6 on the 5/20/13 MRI. [REDACTED] felt a left transforaminal CESI at C5/6 would be appropriate. The 3/18/14 report from [REDACTED] mentions a C5/6 selective nerve root block, but his exam shows dyesthesia in the left upper extremity without any specific nerve distribution identified. The patient has decreased sensation in the left C6 distribution, and left-sided C5/6 foraminal narrowing on MRI. The patient is a candidate for a left transforaminal C5/6 ESI. The intralaminar approach may spread steroid up a couple of segments and may reach the C5/6 level. The level of the intralaminar CESI was not specified, and obviously, the closer to the C5/6 level the better chance of covering the left C6 nerve root, but the intralaminar spaces become technically more difficult to reach the higher up you go in the cervical spine. The request for one intralaminar cervical epidural steroid injection is in accordance with MTUS guidelines. The request is certified.