

Case Number:	CM14-0019033		
Date Assigned:	04/23/2014	Date of Injury:	03/04/2010
Decision Date:	07/03/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/14/2014

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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 52 year young female with a work injury dated 3/4/10. The diagnoses include displacement of cervical intervertebral disc without myelopathy, cervicalgia, brachial neuritis or radiculitis. There is a request for outpatient epidural steroid injection at the right C7-T1 level at Saxon Surgical. There is a 3/10/14 clinical encounter summary that states that the patient complains of ongoing pain in her cervical spine radiating to both shoulders and down both arms to the hands and fingers. She also has numbness and tingling in her hands and fingers, right > left. The document states that the patient received a denial of her cervical epidural steroid injection. The documenting physician states that two doctors have diagnosed the patient with cervical radiculopathy and find her a candidate for the epidural injection. On physical examination of the spine the alignment is normal and there is no muscle atrophy. There is bilateral cervical paraspinal tenderness. There is decreased cervical range of motion. There is full motor strength in the C5-T1 myotomes bilaterally. There are normal reflexes biceps, triceps, and brachioradialis. Sensation on the right is normal in the median nerve distribution and ulnar nerve distribution and C5 normal, C7 normal, C8 normal, T1 normal, and T2 normal. Sensation of the distal extremities normal, and C6 decreased sensation of the radial forearm, thumb and index finger. Sensation on the Left: normal median nerve distribution and ulnar nerve distribution and C5 normal, C6 normal, C7 normal, C8 normal, T1 normal T2 normal, and distal extremities normal. Special Tests on the Right and left: Spurling's test negative, Hoffman's reflex absent, Phalen's test negative, and Tinel's sign negative. The treatment plan included waiting for a C7-T1 epidural steroid injection authorization. An MRI of the cervical spine obtained in December 2012 demonstrates a mild disc bulge at C4-5. There is no neural impingement. The spinal canal is patent. Spinal alignment is normal. There is no significant change compared to a study obtained

in March 2011. An MRI of the cervical spine obtained on 03/20/2011 reveals evidence of loss of the normal cervical lordosis. There is evidence of a 3 mm broad-based disc protrusion at the C4-5 level with effacement of the ventral aspect of the spinal cord. A small disc-osteophyte complex is noted at the C5-6 level without neural impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT EPIDURAL STEROID INJECTION AT THE RIGHT C7-T1 LEVEL AT SAXON SURGICAL: Overturned

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: Outpatient epidural steroid injection at the right C7-T1 level at Saxon Surgical is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. These guidelines state that no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. The documentation states that the radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not reveal evidence of a radiculopathy in the C7-T1 dermatomes on physical examination or on imaging studies. The request for an outpatient epidural steroid injection at the right C7-T1 level at Saxon Surgical is not medically necessary.