

Case Number:	CM14-0113737		
Date Assigned:	08/01/2014	Date of Injury:	07/02/2013
Decision Date:	10/03/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/21/2014

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 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 claimant was injured on 07/02/13. An injection to the cervical/thoracic spine is under review. On 07/04/14, a diagnostic left C5-6 cervical transforaminal epidural steroid injection was non-certified. The claimant injured his low back while loading a sterilizer from the back of a van. He was diagnosed with cervical radiculopathy with degenerative disc disease and spinal stenosis. He underwent ACDF at C5-6-7 on 04/22/14. He had diminished sensation to the radial 3 digits with 4/5 strength and was diagnosed with continued radiculopathy. A transforaminal epidural steroid injection was recommended on the left side at C5-6. He saw [REDACTED] on 05/12/14, was 3 weeks postop. 2 weeks prior, PT was requested but it had not yet started. A request for an MRI of the lumbar spine was made. He had reported improvement after the cervical fusion but had pain radiating down his left arm. There was no weakness. His pain was worse with prolonged sitting or sleeping and better with movement. He was diagnosed with cervical radiculopathy. On 06/25/14, he saw a neurosurgeon. He had no postop complications. He had improved his activity level. Over the previous several days his pain had returned with a vengeance with numbness and tingling intermittently in the left arm into fingers. He was back to taking medication. He had been completely pain-free for a few weeks. He had decreased pain and decreased strength of the right shoulder. A CT scan of the cervical spine on 05/27/14 revealed findings at C5-6 including fusion. There was progressive spondylotic spurring resulting in mild to moderate central canal stenosis. There is bilateral uncovertebral joint arthropathy with mild left foraminal stenosis and mild-to-moderate right foraminal stenosis that were similar to a previous study. At C6-7 there were similar findings. There was new retrolisthesis of C6 on C7. There was left uncovertebral joint arthropathy with minor left foraminal narrowing that was new compared to the previous study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inject Spine Cerv/Thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for a cerv/thoracic injection (cervical ESI) at this time. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)...."There is no clear objective evidence of radiculopathy at the level to be injected on physical examination and no EMG was submitted. The claimant is status post cervical fusion and postop PT was recommended but there is no evidence that it has been completed or attempted and the claimant failed to improve. There is no indication that he has failed all other reasonable conservative care, including PT, trials of medications, stretching, or local care such as ice/heat or that this ESI is being offered in an attempt to help him to avoid surgery. The CT scan did not reveal the presence of nerve root compression at the any levels and no EMG has been submitted in support of this request. There is no indication that the claimant has been instructed in exercises to continue in conjunction with injection therapy. The medical necessity of this request has not been clearly demonstrated.