

Case Number:	CM14-0113994		
Date Assigned:	08/01/2014	Date of Injury:	02/28/2013
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/18/2014

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:

Medical records reflect the claimant is a 34 year old male with a work related injury on 2-28-13 when an 8 foot ladder bent to one side and he jumped off from the 5th step and stuck his left knee on concrete. The claimant has been provided a diagnosis of cervical disc disease with radiculopathy, bilateral shoulder rotator cuff syndrome, lumbar disc disease with radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint disc pain, bilateral knee osteoarthritis and meniscal tear. The claimant has been treated conservatively. MRI of the cervical spine dated 07/15/13 showed multilevel disc degenerative disease greatest at C4-C7. At C4-5 there is disc herniation with neural foraminal stenosis contacting the bilateral C6 nerve roots. At C5-6 there is also disc herniation with neural foraminal stenosis contacting the bilateral C6 nerve root. At C6-7 there is disc herniation with neural foraminal stenosis contacting the bilateral C7 exiting nerve root. Electromyogram (EMG)/Nerve Conduction (NCV) of the upper extremities did show bilateral sensory motor neuropathy involving the median nerves across the wrists, isolated left triceps, C6, C7 and C8 nerve root distribution with increased spontaneous electro-activity and active fibrillations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C6 and C6-C7 transfacet ESI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 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): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical spine chapter - epidural steroid injections.

Decision rationale: Medical Records reflect a claimant with multiple complaints to include the head, cervical spine, lumbar spine, bilateral shoulders, arms, bilateral lower extremities. He has been treated conservatively with medications. There is a request for Bilateral C5-C6 and C6-C7 transfacet epidural steroid injections. Current treatment guidelines reflect that in order to perform epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. It is documented that his MRI shows at C5-6 there is disc herniation with neural foraminal stenosis contacting the bilateral C6 nerve root. At C6-7 there is disc herniation with neural foraminal stenosis contacting the bilateral C7 exiting nerve root. EMG/NCV of the upper extremities did show bilateral sensory motor neuropathy involving the median nerves across the wrists, isolated left triceps, C6, C7 and C8 nerve root distribution with increased spontaneous electro-activity and active fibrillations. Based on the records provided, this claimant has corroborating diagnostic testing of radiculopathy and foraminal and neural stenosis at C5-C6 and C6-C7 level. Therefore, the requested bilateral transfacet epidural steroid injections are reasonable and medically indicated.