

Case Number:	CM14-0117663		
Date Assigned:	08/06/2014	Date of Injury:	01/18/2007
Decision Date:	10/03/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 50 year old male who sustained an injury to his neck on 01/18/07. Mechanism of injury is listed as fall, while trying to make an arrest; he injured his head, neck, left shoulder, and hearing. MRI of the cervical spine dated 09/09/13 revealed spur formation causing neural foraminal narrowing at right C4-5 and C5-6. EMG/NCV dated 09/11/13 revealed mild left carpal tunnel syndrome without any evidence of cervical radiculopathy. Treatment to date included acupuncture therapy and chiropractic manipulation visits. Clinical note dated 06/26/14 reported that the injured worker complained of neck pain that is sharp in nature. Physical examination noted active range of motion neck approximately 25% limited from 40% at first visit with sharp pain and stiffness in all ranges; pain intensity +6/10 from +7-8/10; pain frequency 50-75%; tenderness +2/4; hypertonicity +2/5; decreased cervical spine active range of motion 25%; maximum cervical compression +6/10 positive that was stiff, sore, and sharp in nature; valsalva maneuver +5/10 positive for neck pain. Additional treatment to date included electro acupuncture; Chinese massage, cupping, heating pad/lamp, and home exercise. The injured worker was recommended for cervical spine epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at Left C4-5, C5-6, C6-7.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): , page(s) 46.

Decision rationale: Previous request was denied on the basis that MRI of the cervical spine dated 09/09/13 demonstrated right neural foraminal narrowing, but the request is for left cervical spine epidural steroid injection. Also, EMG dated 09/11/13 did not confirm the presence of any cervical radiculopathy; finally, examination on 06/12/14 did not demonstrate any objective findings of cervical spine neurological deficits consistent with radiculopathy. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The CAMTUS also states 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 request is for three levels. Given this, the request for epidural steroid injections at left C4-5, C5-6, and C6-7 is not medically necessary.