

Case Number:	CM14-0122626		
Date Assigned:	08/06/2014	Date of Injury:	05/07/2008
Decision Date:	09/12/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/04/2014

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 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:

The patient is a 61-year-old male with a date of injury of 05/07/2008. The listed diagnoses per [REDACTED] are: 1. Status post revision lumbar fusion, 10/22/2013. 2. History of L3 through S1 lumbar fusion with failed back syndrome. 3. Status post permanent implantation of spinal cord stimulator system. 4. Lumbar radiculopathy. 5. C5- C6 cervical disk derangement with recent severe flare-up. 6. Right cervical radiculopathy. According to progress report 06/10/2014, the patient presents with a severe flare-up of pain condition affecting his neck which radiates to his upper back and down to his right arm. He is having numbness and weakness which makes it difficult to turn his head. Treater states patient has C6 C7 cervical disk herniation with has been treated conservatively and was stable until this recent flare-up exasperation. Physical examination revealed moderate to severe tenderness to palpation over the C5-C6 and C6-C7 cervical interspaces. There is tenderness over the right trapezius region. Range of motion is decreased. Sensory examination revealed diminished sensation over the right C6 and C7 distribution with paresthesia. Treater states the patient has documented disk herniation at C6-C7 which is showing reoccurrence of radicular condition. Treater believes patient would benefit from a diagnostic cervical epidural injection directed to the right C6 to C7 as an interventional treatment since he continues to be symptomatic despite conservative care. The utilization review denied the request on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: This patient presents with a severe flare-up of pain condition affecting his neck which radiates to his upper back and down to his right arm. The treater is requesting a diagnostic epidural steroid injection directed to the right C6-C7 as an interventional treatment as the patient continues to be symptomatic despite conservative care. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy." There is no MRI of the neck or QME/AME report that recounts prior MRI imaging of the cervical spine. In this case, there are no diagnostic studies corroborating dermatomal distribution of pain/paresthesia which is required by MTUS. Therefore, the request is not medically necessary.