

Case Number:	CM14-0123283		
Date Assigned:	09/16/2014	Date of Injury:	07/24/2010
Decision Date:	11/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/05/2014

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 and 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 50 year old with an injury date on 7/24/10. Patient complains of cervical pain with radiation towards the left shoulder per 7/8/14 report. Patient has pain in the cervical spine with associated cephalgia per 7/8/14 report. Based on the 7/8/14 progress report provided by [REDACTED] the diagnoses are: 1. 10mm disc herniation C3-4. 10.8mm disc herniation, C4-5 with corresponding left C4 and C5 radiculopathies 3. left wrist s/s (signs and symptoms) 4. left shoulder contusion with possible partial thickness rotator cuff supraspinatus tear 5. left anteromedial leg contusion 6. left wrist s/s 7. left ankle s/s 8. oblique tear of the posterior horn of the medial meniscus, left knee Exam on 7/8/14 showed "Decreased range of motion of C-spine, tenderness to palpation. Neuro exam unchanged." The 5/21/14 report showed no neurological deficits in the upper extremities. Patient's treatment history includes medications (Norco), trigger point injection, viscosupplementation for knee. [REDACTED] is requesting cervical epidural injection. The utilization review determination being challenged is dated 7/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/4/14 to 7/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: This patient presents with neck pain, and left shoulder pain. The treater has asked for cervical epidural injection on 7/8/14. A review of the reports does not show any evidence of cervical epidural steroid injections being done in the past. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient has severe disc herniations at levels C3-4 and C4-5, which have increased from 2-3mm to 10mm at both levels. The treater indicates that there is active radiculopathy in the extremities which have not responded to conservative treatment. The 7/8/14 report states patient has "nerve root tension signs, sensory deficits, and motor deficits." Given the herniation and the patient's significant arm symptoms, trial of an ESI appears reasonable. Request is medically necessary.