

Case Number:	CM14-0127075		
Date Assigned:	09/23/2014	Date of Injury:	08/28/2013
Decision Date:	10/24/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/11/2014

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 Pain Medicine, and is licensed to practice in Texas and Ohio. 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 51-year-old male who reported an injury on 08/21/2013. The mechanism of injury involved a fall. The injured worker is status post right knee surgery in 03/2014. Previous conservative treatment is noted to include lumbar epidural steroid injection, medication management, and physical therapy. Current diagnoses include cervical disc herniation with central stenosis, cervical sprain, cord compression at C5-6, lumbar disc bulging with bilateral neural foraminal stenosis, lumbosacral sprain with radicular symptoms, status post right knee arthroscopy, subsequent injury to the right shoulder, and torn medial and lateral meniscus of the right knee. The injured worker was evaluated on 06/23/2014 with complaints of ongoing neck pain with radiation into the upper extremities. The injured worker also reported continued right shoulder pain and right knee pain. The physical examination of the cervical spine revealed negative tenderness to palpation, slightly limited range of motion, abnormal sensation in the left C8 nerve root distribution, and normal motor strength in the bilateral upper extremities. Treatment recommendations at that time included a cervical epidural injection at C5-6. A Request for Authorization Form was then submitted on 06/23/2014. It is noted that the injured worker underwent an MRI of the cervical spine on 02/24/2014, which indicated hypertrophy of the posterior inferior endplate of C5, a 5 mm to 6 mm disc protrusion, and moderate left and mild right neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural C5,C6: 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 Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with active rehab efforts, including a home exercise program. There should be documentation of an unresponsiveness to conservative treatment. As per the documentation submitted, there is mention of an attempt at conservative treatment to include medication management and physical therapy. However, there is no documentation of cervical radiculopathy upon physical examination. The injured worker demonstrated normal motor strength in the bilateral upper extremities. The injured worker's subjective complaints are not described to be in a dermatomal distribution that correlates with the physical examination or imaging study. Based on the clinical information received, the request is not medically necessary and appropriate.