

Case Number:	CM14-0130863		
Date Assigned:	08/20/2014	Date of Injury:	07/24/2009
Decision Date:	09/23/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/15/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old female who reported an injury on 07/24/2009. The mechanism of injury was not provided. On 05/22/2014, the injured worker presented with low back pain to the right lower extremity, neck pain in the right upper trapezius area. Upon examination, there was tenderness to palpation on the paracervical muscles, worse on the right side, a positive right sided Spurling's, and decrease sensation to light touch on the right C4-5, C6-7, and C8 nerve distribution. Motor strength examination to the right upper extremity revealed 4/5 strength in abduction and extension and left sided upper extremity strength of 5/5 in abduction. There was right sided 4/5 grip strength and 5/5 left sided grip strength. The diagnoses were neck pain with cervical spine degenerative disc disease at C5-6 and C6-7 with 4 mm posterior disc protrusion at the level of C5-6 and 3 mm disc protrusion at the level of C6-7, radicular symptoms to the right upper extremity. MRI study of the cervical spine revealed disc protrusion downward at the level of C5-6 4 mm and C6-7 3 mm. Normal EMG was notated in the clinical documentation for the cervical spine. Prior treatment included trigger point injections, medications, and the use of compounded cream. The provider recommended a cervical epidural steroid injection at the level of C5-6; the provider's rationale was to address complaints of neck pain with radicular symptoms to the right upper extremity. The Request for Authorization form was dated 05/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical epidural steroid injection at the level C5-C6 under fluoroscopic guidance between 7/10/2014 and 8/24/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for One (1) cervical epidural steroid injection at the level C5-C6 under fluoroscopic guidance between 7/10/2014 and 8/24/2014 is not medically necessary. According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance and no more than two nerve root levels should be injected using transforaminal blocks. The documentation submitted for review stated there was a positive right sided Spurling's, diminished sensation to light touch from C4-5, C6-7, and C8. The right upper extremity revealed 4/5 strength. There was a normal EMG of the cervical spine and an MRI of the cervical spine that revealed disc protrusion at the level of C5-6 and C6-7 of 3 to 4 mm. Provided physical deficits were related to the right side, and there was lack of documentation indicating the injured worker's failure to respond to conservative treatment. There was absence of a clear corroboration of radiculopathy upon physical examination and imaging studies or electrodiagnostic testing documented. Additionally, the documentation failed to show the injured worker to be participating in an active treatment program following the requested injection. Based on the above, the request would not be medically necessary.