

Case Number:	CM14-0134891		
Date Assigned:	08/27/2014	Date of Injury:	12/07/2012
Decision Date:	11/04/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of December 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 28, 2014, the claims administrator denied a request for multilevel cervical injections. The claims administrator interpreted the request as cervical epidural steroid injections and denied the same on the grounds that there was no compelling evidence of radiculopathy. The applicant's attorney subsequently appealed. In a July 15, 2014 progress note, the applicant presented with persistent complaints of neck, low back, and right leg pain, reportedly worsening. The applicant was using Norco and naproxen. The applicant was reportedly working, it was stated. The applicant exhibited a positive Spurling's maneuver. C5 through C7 epidural steroid injections times three were sought while a 20-pound lifting limitation was renewed. MRI imaging of the cervical spine of April 11, 2014 was notable for a 3- to 4-mm disk bulge versus bone spur causing moderate right-sided anterior compression of the dura at that level with associated mild-to-moderate neuroforaminal narrowing. At C6-C7, a 4- to 5-mm disk bulge with associated thecal sac indentation was appreciated. In an April 2, 2014 Medical-legal Evaluation, it was noted that the applicant had developed a variety of upper extremity issues associated with cumulative trauma of the upper extremities. The applicant also had superimposed diabetic neuropathy, it was noted. Permanent work restrictions were endorsed, although the Medical-legal evaluator acknowledged that the applicant was working with said limitations in place. The remainder of the file was surveyed. The Medical-legal evaluator did conduct a comprehensive survey of records in its evaluation. There was no evidence that the applicant had previous cervical epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical injection at C5-C6 and C6-C7: Upheld

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant does have radiographic corroboration of radiculopathy at the levels in question, with neuroforaminal compromise and/or thecal sac indentation evident at both levels. The applicant continues to report complaints of pain radiating into the arms. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks, it is further noted. The request in question appears to represent a first-time request for cervical epidural steroid injection therapy over the course of the claim. A trial diagnostic (and potentially therapeutic) epidural steroid injection at the levels in question is therefore indicated. Accordingly, the request is medically necessary.