

Case Number:	CM14-0136182		
Date Assigned:	09/03/2014	Date of Injury:	09/01/2001
Decision Date:	10/02/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 51 year-old female was reportedly injured on 9/1/2001. The mechanism of injury is noted as cumulative trauma. The most recent progress notes dated 5/5/2014 through 8/1/2014 indicate that there are ongoing complaints of neck pain and left upper extremity pain. Physical examination demonstrated limited cervical spine range motion: flexion 30, extension 25 and rotation 70 bilaterally; positive Spurling's maneuver on left with triggering of left thumb numbness; positive crossed impingement sign bilaterally; tenderness to supraspinatus and anterior glenohumeral region; negative drop and sulcus signs; moderate tenderness to palpation trapezius, rhomboid major and minor muscles; decrease in sensation in the 1st, 2nd and 3rd digits bilaterally; mild atrophy of the thenar eminence bilaterally; deep tendon reflexes 0-1+ in the biceps, triceps, brachial, radial, patella and Achilles; grip strengths are 70% of normal. MRI of the cervical spine dated 6/3/2014 demonstrated degenerative spondylitic changes; broad base disk osteophyte complex at C5-C6 with moderate central canal stenosis, severe right and moderate left foraminal narrowing; broad based disk osteophyte complex at C6-C7 causing mild central canal stenosis and moderate foraminal narrowing; and mild central disk bulge at C4-C5 causing mild central canal stenosis and no foraminal narrowing. And electrodiagnostic studies dated 5/31/2011 demonstrated bilateral C5-C6 cervical radiculopathy and moderate to severe bilateral carpal tunnel syndrome. Diagnosis: cervical radiculopathy, rotator cuff syndrome and carpal tunnel syndrome. Previous treatment includes physical therapy, injections and medications. A request had been made for bilateral transforaminal ESI C5-C6 and C6-C7, which were not certified in the utilization review on 8/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal ESI C5-6, C6-7 x 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Epidural Steroid Injections (ESIs).

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

Decision rationale: MTUS treatment guidelines support epidural steroid injections when radiculopathy is documented and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Review of the available medical records, included an EMG/NCV study which showed findings consistent with cervical radiculopathy as well as an MRI of the cervical spine demonstrating canal and foraminal stenosis at C5-C6 and C6-C7. The claimant has signs and symptoms consistent with cervical radiculopathy and has failed conservative treatment. The previous utilization review mentions a previous cervical epidural steroid injection with no impressive benefit in a progress note dated 6/18/2012; however, that progress note is not available for this independent medical review. The guidelines support transforaminal epidural steroid injections, up to 2 nerve root levels, if used for diagnostic purposes and state that the injections must be at least one to 2 weeks apart when repeated. As such, this request is considered medically necessary.