

Case Number:	CM14-0139381		
Date Assigned:	09/05/2014	Date of Injury:	11/07/2013
Decision Date:	10/03/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/28/2014

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:

This patient is a 57 y/o male who has developed persistent cervical pain subsequent to an injury dated 11/7/13. The pain is described and reaching a VAS of 7/10 and is associated with radiation into the left upper extremity. Various physicians have performed detailed physical examinations and no distinct dermatome deficits have been noted i.e. strength, sensation, and reflexes are intact. Clinical signs of carpal tunnel are present. Electrodiagnostic testing is negative for a radiculopathic process, but positive for mild carpal tunnel. MRI studies revealed multilevel mild foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical interlaminar epidural steroid injection under fluroscopy guidance C7-T1: 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 Epidural Injections Page(s): 46.

Decision rationale: MTUS Guidelines are very specific regarding the necessary standards to justify epidural injections. Guidelines state that there should be clear-cut clinical findings of a radiculopathy plus corresponding testing that is consistent with the clinical findings. Even

though the MRI shows possible nerve root stenosis, the clinical findings do not support a distinct dermatomal radiculopathy and the electrodiagnostics are not consistent with a frank radiculopathy. Under these circumstances, the request for a C7-T1 is not consistent with Guidelines and is not medically necessary.