

Case Number:	CM14-0153231		
Date Assigned:	09/23/2014	Date of Injury:	10/10/2010
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 is a 52-year-old male with a 10/10/10 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/26/14, the patient was seen to review the results of recent imaging of his shoulders. An x-ray of bilateral shoulders on 8/12/14 revealed no obvious evidence of soft tissue abnormality. The patient is having a relapse of cervical radiculopathy caused by an annular disc bulge with superimposed 3mm right foraminal disc protrusion and facet hypertrophy that results in moderate central canal stenosis and moderate to severe right foraminal narrowing. Objective findings: mild to moderate tenderness overlying the acromioclavicular joints and anterior acromion, limited and painful shoulder range of motion, weak positive cervical facet provocation on right, patient complained of numbness involving the right third and fourth fingers, no motor sensory deficits bilateral upper extremities, normal range of motion of cervical spine. Diagnostic impression: cervical spondylosis, cervical radiculopathy, cervical disc degeneration, bilateral shoulders impingement syndrome. Treatment to date: medication management, activity modification. A UR decision dated 9/9/14 denied the request for epidural steroid injection at the right C6-C7. The medical records did not demonstrate positive objective neurological deficits consistent in a myotomal or dermatomal distribution that would cause concern for an active radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection Right C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. However, in the reports reviewed, there is no documentation suggestive that the patient has had any recent conservative treatments that have been ineffective. In addition, there is no documentation of radiculopathy on physical examination. In fact, exam findings stated that there were no motor sensory deficits of the bilateral upper extremities. It is noted that the patient has had a relapse of cervical radiculopathy caused by an annular disc bulge with superimposed 3mm right foraminal disc protrusion and facet hypertrophy that results in moderate central canal stenosis and moderate to severe right foraminal narrowing. However, there was no MRI report to corroborate these findings. Therefore, the request for transforaminal epidural steroid injection right C6-7 is not medically necessary.