

Case Number:	CM14-0170147		
Date Assigned:	10/20/2014	Date of Injury:	06/06/2014
Decision Date:	11/26/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/15/2014

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 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:

Patient is a 45 year-old male with date of injury 06/06/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/01/2014, lists subjective complaints as pain in the neck. Previous treatments have included ice and heat therapy, home exercises, non-steroidal anti-inflammatory drugs, and oral steroids with no relief. Patient underwent an MRI of the cervical spine on 07/07/2014 which was notable for cervical spondylosis resulting in spinal stenosis and neural foraminal narrowing at C5-C6 and to a lesser extent at C4-C5. The patient had an electromyogram study on 08/20/2014 which documented mild carpal tunnel syndrome on the left but not the right wrists. No signs of motor radiculopathy. Objective findings: Examination of the cervical spine revealed no tenderness to palpation and no muscle spasm. Patient was capable of getting his chin to 1 fingerbreadth of his chest. Extension was 10 degrees, right lateral bending was 45 degrees, left lateral bending was 60 degrees, and rotation was 30 degrees and positive Tinel test of the right elbow and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical intralaminar epidural steroid injection at C7-T1 level QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to a recent MRI report there is no pathology reported at C7-T1 and recent EMG studies showed no evidence of radiculopathy. Cervical intralaminar epidural steroid injection at C7-T1 level QTY: 1.00 is not medically necessary.