

Case Number:	CM14-0171480		
Date Assigned:	10/23/2014	Date of Injury:	09/12/2013
Decision Date:	11/21/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/16/2014

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 Orthopedic surgery and is licensed to practice in Arizona. 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 61-year-old male who sustained an injury on 9/12/2013 when he was caught between 2 elevator doors. Examination dated 9/10/2014 states as a result of the doors closing on him several times, he developed immediate onset of pain in his neck, shoulders, right collarbone, left wrist, left index finger, left elbow, and low back. He complains of constant pain in his neck which is increased with motion of the head. The neck pain radiates to his shoulders. He complains of numbness in his left index finger and wrist. Physical examination reveals limitation of motion of the neck secondary to pain. There is no muscle weakness or sensory deficit in the upper extremities, deep tendon reflexes are symmetrical. X-rays reveal a cervical fusion at C5-C6, degenerative disc disease at C3-C4 and an anterior osteophyte at C6-C7. The patient had an MRI of the cervical spine on 8/2/2014. The conclusion was that he had multilevel disc disease; at the C5-6 C7 level he had a 2-3 mm discogenic osteophyte with moderate to severe foraminal narrowing. A request is made for an epidural injection at C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at C6-7 #2: 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 Epidural steroid injections Page(s): 46.

Decision rationale: The chronic pain guidelines lead criteria for an epidural injections is: A radiculopathy that must be demonstrated by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. The physical examination due not document changes that would support the diagnosis of radiculopathy. The imaging studies demonstrated degenerative disc disease with foraminal stenosis but no specific nerve root involvement. Therefore, without good evidence to support the diagnosis of radiculopathy, the Epidural steroid injection at C6-7 #2 is not medically necessary and appropriate.