

Case Number:	CM14-0172344		
Date Assigned:	10/23/2014	Date of Injury:	12/13/2013
Decision Date:	12/12/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old male with a 12/13/13 date of injury. The patient was seen on 8/22/14 with complaints of 8/10 pain in the cervical and lumbar spine. The patient reported headaches and constant neck pain radiating to the bilateral shoulders and fingers with swelling and numbness. Exam findings of the cervical spine revealed tenderness and spasm over paraspinal muscles and bilateral trapezius with trigger points. The axial head compression test and Spurling's test were positive bilaterally. There was facet tenderness over C4-C7 levels and decreased sensation at the C7 dermatome bilaterally. The cervical spine range of motion was decreased and the strength in the bilateral upper extremities was 5/5. The examination of the lumbar spine revealed diffuse tenderness over the lumbar paraspinals with trigger points and moderate facet tenderness at L4-S1 levels. The diagnosis is cervical disc disease, cervical radiculopathy, and lumbar facet syndrome. EMG of the upper extremities dated 7/23/14 revealed normal study of the bilateral upper extremities and the findings did not support a diagnosis of a motor radiculopathy in any of the tested nerves. MRI of the cervical spine dated 5/5/14 revealed at the C6-C7: dehiscence of the nucleus pulposus with a small tear of the posterior annulus of the nucleus pulposus with a 3 mm midline disc bulge indenting the anterior portion of the cervical subarachnoid space; no compromise of the AP sagittal diameter of the cervical canal; patent neural foramina and normal articular facets. Treatment to date: physical therapy, chiropractic treatment, work restrictions, home exercise program and medications. An adverse determination was received on 9/18/14 for lack of evidence of significant nerve root impingement or lateral recess stenosis on the MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical Transfacet Epidural Steroid Injection at Left C6-C7: Overturned

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

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

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. The patient complained of constant pain in the neck radiating into bilateral shoulders and fingers with swelling and numbness. The physical examination performed on 8/22/14 revealed tenderness to palpation at the C4-C7 levels, decreased range of motion of the cervical spine and decreased sensation at the C7 dermatome bilaterally. In addition the MRI of the cervical spine dated 5/5/14 revealed dehiscence of the nucleus pulposus with a tear of the posterior annulus of the nucleus pulposus with a 3 mm midline disc bulge indenting the anterior portion of the cervical subarachnoid space at the C6-C7 level. Given that the patient exhausted all conservative treatments including chiropractic adjustments, physical therapy and medications and still suffered from persistent, radiating neck pain, it would be medically necessary to treat the patient with epidural steroid injection. Therefore, the request for one cervical Transfacet Epidural Steroid Injection at Left C6-C7 was medically necessary.