

Case Number:	CM14-0177160		
Date Assigned:	10/30/2014	Date of Injury:	01/15/2012
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 53-year-old female with a 1/15/12 date of injury, when she injured her neck and upper extremities due to repetitive typing. The patient was seen on 7/28/14 with complaints of pain in the neck, pain in the bilateral shoulder and tingling and numbness in the upper extremity and hand. The examination of the cervical spine revealed decreased range of motion, pain on the spinous processes of C4-C5 and C6-C7 and pain on the facets of the C3-C6, 2+ on the right and 1+ on the left. The facet-loading test was positive on the right and the Axial compression test and Spurling's test were positive. The patient was seen on 9/5/14 with complaints of pain in the cervical spine, thoracic spine, shoulder, carpal tunnel symptoms and depression. Exam findings of the cervical spine revealed tenderness and tightness, flexion 45 degrees and extension 45 degrees. The diagnosis is cervical and thoracic strain, shoulder tendinitis, carpal tunnel syndrome and depression. The MRI of the cervical spine dated 11/18/13 revealed at C5-C6: minimal dehiscence of the nucleus pulposus with a small 2 mm disc bulge indenting the anterior portion of the cervical subarachnoid space causing minimal compromise of the AP sagittal diameter of the cervical canal, patent neural foramina and normal articular facets and cervical cord. Treatment to date: work restrictions, ergonomic changes, PT and medications. An adverse determination was received on 10/1/14 for a lack of radiculopathy on the physical examination and diagnostic imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective cervical epidural steroid injection right C5 and C6 under fluoroscopy.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 electro diagnostic 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. However the patient had a small 2 mm disc bulge indenting the anterior portion of the cervical subarachnoid space at the C5-C6 level, there is a lack of documentation supporting these findings on the physical examination; for example decreased sensation, paresthesias or muscle atrophy in the corresponding dermatome distributions. Therefore, the request for selective cervical epidural steroid injection right C5 and C6 under fluoroscopy is not medically necessary.