

Case Number:	CM14-0022586		
Date Assigned:	06/11/2014	Date of Injury:	09/24/2009
Decision Date:	08/13/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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:

The injured worker is a 66-year-old male with a reported injury on 09/24/2009. The mechanism of injury was not provided. The injured worker had an examination on 02/21/2014 where he reported numbness and tingling to the back of his neck radiating to his right shoulder, right triceps, and right ulnar forearm, and right hand and fingers. The pain was exacerbated with prolonged standing, lifting, twisting, driving, lying down, and bearing down. There were no previous treatments provided for review. On examination, it was revealed that the cervical, lumbar, and left hip range of motion was restricted by pain in all directions. There was a positive left Patrick's maneuver sign which caused him a left groin pain. The nerve root tension signs were negative bilaterally and there was a positive right straight leg raise test. Muscle stretch reflexes were symmetric bilaterally in all limbs. The muscle strength was a 5/5 in the left upper extremity bilaterally and a 4+/5 in the right deltoid, trapezius, biceps, right extensor, and right triceps. The sensation was intact to light touch. The medication list included Neurontin, Lodine, Atenolol, Lisinopril, Nucynta, Ambien, Omeprazole, and Terazosin. There were a total of 22 diagnoses, but the ones that apply to the cervical are cervical radiculopathy, central disc protrusion at C3-4 and C6-7, moderate central stenosis at C3-4 and C6-7, moderate bilateral C7 neural foraminal stenosis, cervical degenerative disc disease, cervical facet joint arthropathy, cervical fusion at C4-5 and C5-6, right cervical facet arthrosis at C7-T1, and cervical sprain/strain. The recommended plan of treatment was to have a fluoroscopically guided right C3-4 and right C6-7 cervical transforaminal epidural steroid injection. The request and rationale were signed and dated for 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPICALLY GUIDED CERVICAL TRANSFORAMINAL EPIDURAL STEROID INJECTION IN THE RIGHT C3-C4 AND RIGHT C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: The injured worker has had a history of complaints of numbness and tingling to his neck radiating to his right shoulder, right triceps, right ulnar forearm, and right hand and fingers. There was no previous treatment provided. There was not a list of medications provided or their efficacy. The California MTUS Guidelines do recommend the steroidal injections as an option for treatment of radicular pain defined as in a dermatomal distribution with corroborative findings of radiculopathy. The radiculopathy must be documented by physical exam and corroborated by imaging studies and electrodiagnostic testing. There is no imaging or exams that corroborate the studies. Although it does mention that there was a positive EMG of the right upper extremity, there are no reports to review. The guidelines also state that the epidural injection should follow initially unresponsive conservative treatment such as exercises, physical methods, NSAIDs, and muscle relaxants. Again, there was no efficacy of any of the medications that the injured worker was on and there was no list of exercises or even physical methods that have been applied. Therefore, the request for the fluoroscopically guided cervical transforaminal epidural steroid injection in the right C3-C4 and right C6-C7 is not medically necessary.