MAXIMUS Federal Services

Case Number:	CM14-0028544		
Date Assigned:	06/16/2014	Date of Injury:	05/19/2011
Decision Date:	07/23/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/06/2014

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:

The claimant injured his cervical spine and upper extremities on 05/19/11. A cervical epidural steroid injection at level C6-C7 has been requested and is under appeal. An MRI dated 01/30/14 revealed at level C6-C7 facet hypertrophic changes with a broad 2 to 3 mm disc protrusion extending into both neuroforaminal exit zones. It did not appear to cause significant neuroforaminal exit zone compromise or spinal stenosis. On 04/17/14, electrodiagnostic studies revealed mild bilateral CTS with no radiculopathy from C5-T1. On 04/22/14, a note by [redacted] indicates that physical therapy was authorized. Spurling's maneuver was negative, but he had restricted range of motion. He had hyperesthesia, but full strength. An MRI was ordered and revealed disc herniation on the right side at C4-C5, C5-C6, and C6-C7 with degenerative joint disease. A chiropractic treatment was ordered for the cervical spine. Acupuncture was also ordered. He attended a course of physical therapy in 2014. He saw [redacted] on 05/22/14 and complained of neck pain, low back pain, and left shoulder pain. Physical examination revealed decreased range of motion of the cervical spine with negative Spurling's maneuver. Phalen's sign was positive on the left side only. He had full strength and sensory examination revealed hyperesthesia over the medial forearm and lateral forearm on the left side. Wrist injections were also recommended along with chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPAIENT CERVICAL EPIDURAL STEROID INJECTION (ESI) AT THE C6-C7 LEVEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for an epidural steroid injection at level C6-7. The MTUS Chronic Pain Guidelines, p. 79 state "ESI may be recommended as an option for treatment of radicular pain. The criteria for the use of Epidural steroid injections consists of that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There is no clear objective evidence of radiculopathy at level C6-7 on physical examination and electrodiagnostic studies revealed no evidence of radiculopathy. The MRI report does not demonstrate nerve root compression at the level to be injected. The results of the claimant's program of physical therapy are not known. It is not clear whether the claimant has been advised to continue an active rehab program in conjunction with injection therapy. The medical necessity of this request has not been clearly demonstrated.