

Case Number:	CM14-0034937		
Date Assigned:	06/23/2014	Date of Injury:	05/16/2007
Decision Date:	07/24/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 injured worker is a 53 year old male who sustained an injury to his neck on 05/16/07. The specific mechanism of injury was documented as work related. MRI of the cervical spine dated 10/21/10 revealed at C6-7, there is a broad right paracentral 1-2mm disc protrusion with mild mass effect, but no cord compression or stenosis. The records indicate that the injured worker has completed at least 12 physical therapy visits to date. The injured worker continues to complain of increased pain in the neck with radiation all the way down to the low back. He noted that his Norco is not helping at all. Physical examination noted tenderness of the cervical paraspinals on the left; cervical spine range of motion restricted in all planes with increased pain; muscle guarding also noted along the cervical paraspinal and trapezius muscle groups bilaterally; sensation diminished along right C6-7; deep tendon reflexes 1 bilaterally. Other medications included Neurontin. The injured worker was diagnosed with cervical disc radiculitis and degeneration of the cervical disc. The injured worker was started on Ultram extended release 100mg/day (1 tablet twice a day for 30 days).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Epidural Steroid Injection at the C7-T1: Upheld

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 Guidelines Epidural steroid injections (ESIs), page(s) 46 Page(s): 46.

Decision rationale: The request for one cervical epidural steroid injection at the C7-T1 level is not medically necessary. The previous request was denied on the basis that motor and sensory deficits specifically involving the C7-T1 distribution were not documented in the most recent physical examination to clinically support the need for an epidural steroid injection at this particular level. The imaging study provided for review did not reveal any findings at the C7-T1 level. The Chronic Pain Medical Treatment Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request for one cervical epidural steroid injection at the C7-T1 level is not indicated as medically necessary.