

Case Number:	CM14-0039749		
Date Assigned:	06/27/2014	Date of Injury:	03/15/2006
Decision Date:	08/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Pain Management, 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 54-year-old male with a 3-15-2006 date of injury, when the patient was assisting a student that weighed approximately 170 pounds to the wheelchair with the use of hooyer. The patient grabbed the handle of the hooyer with the right hand and hold the student with the left hand, when the hooyer snagged the student jolted and started to fall forward. The patient instinctively went to reach for the student using the left hand and experienced initial burning in the left shoulder with pain radiating to the fingers, as well as, tingling in the ulnar 3 digits. The 3/5/14 determination was non-certified due to no indication of progressive neurologic deterioration, myelopathy, or progressive spinal instability, in addition, to no radiculopathy in a dermatome distribution. It was noted that the patient was s/p C5-7 fusion on 9/6/08. The 5/9/14 progress report identified pain and discomfort in the cervical spine radiating to the upper extremity. Exam revealed decreased range of motion, tightness in the cervical spine, and positive foraminal compression test. Recommendation was for an ACDF at C6-7 and disc replacement at C3-4, C4-5. The 2/3/14 medical report identified that the patient had 2 epidural steroid injections to the cervical spine with no relief. Exam findings were similar to those cited on 3/5/14. The 1/8/14 medical report identified neck pain and radicular symptoms into the arm. The 9/13/13 reported cervical spine MRI revealed at C4/5 narrowing of the neural foramina that effaces the left C5 exiting nerve root. At C5-6, the exiting nerve roots were unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine epidural steroid injection at C4-C5 and C5-C6 x1: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, page 46 and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence

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. In addition, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. While there are several medical reports identifying radicular symptoms to the upper extremity and positive foraminal compression test, there were no specific radicular findings in a dermatome distribution that would correlate with the levels requested. There were also recommendations for surgery on the most recent medical report and there was also indication that the patient had two previous epidural injections without relief. There was no clear indication when this injections were performed or a rationale for the necessity of additional injections despite appropriate relief from previous injections. Therefore, the request is not medically necessary.