

Case Number:	CM14-0041561		
Date Assigned:	06/27/2014	Date of Injury:	11/16/2007
Decision Date:	07/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 41 year-old male with an 11/16/2007 date of injury. According to the 2/17/14 psychiatry/pain management report from [REDACTED], the patients with neck and low back pain, and the neck pain refers to the right shoulder, left arm to the hand with numbness and tingling in the left hand. The diagnoses was cervicalgia; cervical radiculopathy; failed neck surgery syndrome; lumbar radiculopathy; failed back surgery syndrome; anxiety; depression; headaches; GERD. The plan was for a left C7/T1 ESI and lumbar TFESI at left L4/5 and L5/S1. On 3/18/14, UR authorized the lumbar ESI, but denied the cervical ESI. There are no cervical MRI or CT or electrodiagnostic studies provided for this IMR. The 10/12/13 cervical MRI shows anterior fusion C3 through C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at left C7-T1 level with fluoroscopy: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the 2/17/14 physiatry/pain management report from [REDACTED], the patients with neck and low back pain, and the neck pain refers to the right shoulder, left arm to the hand with numbness and tingling in the left hand. The patient was reported to have had surgery in the cervical and lumbar regions but the dates of the surgery were not disclosed. [REDACTED] reports there was electrodiagnostic studies on 6/25/2010 that showed chronic left C6/7 radiculopathy. He states there was an MRI (unknown date) showing disc protrusion at C2/3. The 2/17/14 exam did not reveal any dermatomal pattern down the left arm. The sensation was described as decreased diffusely in the left arm proximally and distally. The request presented for IMR is for a cervical ESI at left C7-T1 level with fluoroscopy. The information provided for this IMR is not sufficient determine whether the request meets MTUS criteria. MTUS states radiculopathy must be documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. The physical examination presented, does not show radiculopathy or radiating symptoms in any dermatomal distribution. There were no MRI or electrodiagnostic reports provided, but according to the requesting physician, the MRI showed problems at the C2/3 region, and the EMG from 6/25/10 showed chronic C6/7 radiculopathy. It is not known if the patient's cervical fusion was before or after the 6/25/10 electrodiagnostic study. The patient and/or the reporting does not meet the MTUS criteria for an ESI at the left C7/T1 region. Therefore the request for cervical epidural steroid injection at left C7-T1 level with fluoroscopy is not medically necessary.