

Case Number:	CM14-0049097		
Date Assigned:	07/07/2014	Date of Injury:	04/07/2009
Decision Date:	08/15/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 61-year-old male with a date of injury of 04/07/2009. The listed diagnoses per [REDACTED] are: 1. Anxiety state, unspecified. 2. Cervical degenerative disk disease. 3. Lumbar degenerative disk disease. 4. Shoulder rotator cuff syndrome. According to progress report 02/28/2014, the patient presents with neck, bilateral shoulder, low back, and left knee, and heel pain. The patient's treatment history includes right shoulder rotator cuff repair, medications, physical therapy, as well as right shoulder cortisone injections. AME report from 03/19/2014 indicates there were MRIs of the cervical spine from 09/12/2011. The report states, the cervical MRI revealed central disk protrusion at C3 to C4 through C6 to C7 associated with facet joint osteoarthritis and central stenosis from C5 through C7. Examination of the neck revealed constant pain that is throbbing and pinching like pain. On a pain scale, patient rated his neck pain as 6/10, increasing to 8/10 at times. There was tenderness present to palpation at both occipital condyles. There is a positive Spurling's sign bilaterally referred to the right shoulder and arm. This is a request for C5 cervical epidural injection. Utilization review denied the request on 03/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5 cervical epidural injection: 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 ESI's Page(s): 46-47.

Decision rationale: This patient presents with neck, bilateral shoulder, low back, and left knee, and heel pain. The treater is requesting a C5 cervical epidural injection. Utilization review denied the request stating there is no electrodiagnostic study report to confirm radiculitis/radiculopathy and objective evidence of ongoing active nerve irritation. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. In this case, the patient does not present with radicular symptoms into the dermatomal distribution of C5. Furthermore, an MRI report is not included in the medical file. There is an AME report that recounts a prior MRI that reported central stenosis from C5 through C7. MTUS requires dermatomal distribution of pain/paresthesia that is corroborated with an imaging study. Therefore, the request is not medically necessary.