

Case Number:	CM14-0052920		
Date Assigned:	07/07/2014	Date of Injury:	12/23/2013
Decision Date:	08/21/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 Texas. 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 49 year old male who sustained an injury to his neck on 12/23/13 when he fell 10 feet from a ladder onto a piece of machinery. A clinical note dated 12/23/13 noted that the injured worker complained of chest discomfort, left elbow pain, right leg pain, and neck pain. An MRI of the cervical spine without contrast dated 01/24/14 revealed right sided disc degeneration with 4mm posterior right paracentral end plate osteophyte ridge and right sided uncovertebral joint osteophyte ridge. Severe right facet arthropathy; severe right neuroforaminal narrowing, right axillary recess stenosis and mild right sided canal stenosis; slight flattening of the right ventral aspect of the cord; neuroforamen mildly narrowed due to left sided uncovertebral joint osteophyte ridge and mild left facet arthropathy; C4-5 mild left and moderate right facet arthropathy; no definite evidence of disc herniation, canal stenosis, or cord compression. The clinical note dated 03/13/14 reported that the injured worker continued to complain of severe neck pain that radiates to the right shoulder blade/hand with associated weakness/numbness sensation in the bilateral hands. Th physical examination noted motor strength 4/5 in the right finger flexors and intrinsic muscles of the right hand; sensory loss and 2 point discrimination in the right hand with the 2nd, 3rd, and 4th digits of the left hand and associated tingling sensation in the 1st and 5th fingers of the left hand; deep tendon reflexes decreased in the injured worker's right upper extremity; limps with the right leg related to pain in the right knee; positive Spurling's sign increased neck pain with extension/lateral rotation of the cervical spine bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-4, C4-5 Epidural Steroid Injection, Right: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

Decision rationale: The request for right C3-4 and C4-5 epidural steroid injection is not medically necessary. The previous request was denied on the basis that there was no clear detail provided as to why the requested epidural steroid injection is to address the C3-4 and C4-5 levels as the positive objective. The physical examination findings did not correlate with those levels and rather correlated with lower cervical levels including 4/5 strength in the right finger flexors and intrinsic muscles of the right hand, sensory loss, 2 point discrimination of the right hand with a tingling sensation of the 1st and 5th fingers of the left hand. There was also no documented electrodiagnostic study that helps to clarify whether an objective cervical radiculopathy is occurring at the C3-4 and C4-5 levels. The CA MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request for the right C3-4 and C4-5 epidural steroid injection is not indicated as medically necessary.