

Case Number:	CM14-0057139		
Date Assigned:	07/09/2014	Date of Injury:	07/30/2012
Decision Date:	08/26/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 47 year old male who was injured on 07/30/12 due to falling from a fence and landed on concrete. The complaints pertinent to this review include cervical spine pain radiating into the bilateral upper extremities. The MRI of the cervical spine dated 03/14/13 revealed disc desiccation from C2-3 to C4-5 with mild loss of height at C3-4 and C4-5. A 2mm central/left paracentral undulating disc protrusion at C3-4 causes midline ventral cord indentation and left ventral cord flattening. There was mild right and moderate to severe left neural foraminal stenosis at this level. The physical examination of the cervical spine dated 01/21/14 reveals range of motion limited by pain, positive cervical compression, negative Spurling's, negative cervical distraction, and negative Bakody's sign. The examination of the upper extremities reveals diffuse numbness throughout and positive impingement sign. In addition, the deep tendon reflexes were 2/4 and motor strength is 5/5 throughout. A Cervical Epidural Injection at C3-4 was recommended in this note. Most recent physical examination dated 04/10/14 reveals severe paraspinal tenderness, muscle guarding, and spasms on the right at levels C3-4 and C5-6. In addition, there was mild tenderness to palpation at the facet joints bilaterally of the neck and trapezius. The cervical range of motion was limited by pain. The right sided flexion is 50, extension is 30, rotation is 50 and lateral tilt/flex is 30. The left sided flexion is 50, extension is 60, rotation is 6 and lateral tilt/flex is 25. Utilization review dated 04/11/14 denies the request for cervical epidural injection at C3-4 citing a lack of evidence of nerve root compression or impingement on MRI and a lack of a recent electrodiagnostic (EMG/NCV) study indicating cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection C3 - 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines;Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, page 46 of 127 Page(s): 46 OF 127.

Decision rationale: The request for a cervical epidural injection at C3-4 is not recommended as medically necessary. Guidelines indicate epidural steroid injections are used to address radiculopathy that is documented by physical examination findings and corroborated by imaging studies or electrodiagnostic testing. Recent physical examinations fail to reveal significant pathology about the C3-4 dermatome. The physical examination dated 01/21/14 states there is diffuse numbness throughout the bilateral upper extremities, yet detailed sensory examinations are not include. Diminished sensation about the C3-4 dermatome is not specified. Reflexes are noted to be equal throughout and no diminished motor strength is indicated. There are no recent physical examination findings sufficiently indicative of radiculopathy and there are no noted abnormalities associated with the C3-4 distribution. Based on the clinical information provided, the request for a cervical epidural injection at C3-4 is not medically necessary.