

Case Number:	CM14-0057523		
Date Assigned:	07/09/2014	Date of Injury:	03/17/2013
Decision Date:	08/28/2014	UR Denial Date:	04/09/2014
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 Management and is licensed to practice in Tennessee. 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 48-year-old male who has submitted a claim for cervical spine degenerative disc disease and cervical radiculopathy, status post anterior cervical fusion (09/09/2013); associated with an industrial injury date of 03/17/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of head, neck, left shoulder, and left knee pain. Physical examination showed tenderness of the cervical spinous and transverse processes, bilateral trapezius, and paracervical muscles. Spasms were noted in the left sternocleidomastoid and paracervical muscles. Range of motion was limited by pain. Spurling sign was positive on the left. Deep reflexes were unobtainable in the left upper extremity. Full grade weakness was noted in the left upper extremity. MRI of the cervical spine, dated 01/09/2014, showed mild and marked narrowing of the left and right neural foramen, respectively, at the C5-C6 level, and moderately significant narrowing of both neural foramina at C6-C7 level. Treatment to date has included medications, physical therapy, and surgery as stated above. Utilization review, dated 04/09/2014, denied the request for epidural steroid injection because there was no objective evidence of a neurologic deficit in a dermatomal or myotomal distribution corroborated by imaging studies and/or electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI with Monitored Anesthesia Care (MAC), C7-T1 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174, 175, 181, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of neck pain accompanied by radicular symptoms despite medications, physical therapy, and surgery. Physical examination showed a positive Spurling sign. However, physical examination failed to show evidence of neurologic deficits in a dermatomal distribution and negative straight leg raise test and hypoesthesia over the right medial and lateral thigh. Moreover, MRI of the lumbar spine, dated 01/09/2014, showed no significant foraminal compromise or neural compression at the requested levels. The criteria for an epidural steroid injection have not been met. Therefore, the request for cervical epidural steroid injection with monitored anesthesia care (MAC), C7-T1 is not medically necessary.