

Case Number:	CM14-0071142		
Date Assigned:	07/16/2014	Date of Injury:	06/25/2013
Decision Date:	09/16/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 48-year old male who suffered work-related injuries on June 25, 2013. Records include magnetic resonance imaging scans of the cervical and lumbar spines on August 24, 2014. Result for the cervical spine revealed multilevel disc herniations at C3-C4, C4-C5, C5-C6 and C6-C7 with bilateral uncovertebral joint degenerative change which causes stenosis of the spinal canal and of the bilateral neural foramen that contact the right and deviate the left C4, C5, C6 and C7 exiting nerve roots. Result for the lumbar spine revealed multiple level disc herniations at L3-L4, L4-L5 and L5-S1 with concurrent facet and ligamentum hypertrophy that caused bilateral neuroforaminal stenosis. Electromyogram/nerve conduction velocity of upper extremities on September 11, 2013 showed (a) electromyographic findings were supportive of chronic nerve root irritation on the left side, and (b) entrapment neuropathy of the ulnar nerve across the left elbow with mild slowing of nerve conduction velocity cubital tunnel syndrome. In the progress note dated March 26, 2014, the injured worker report low back pain with occasional numbness and tingling sensation into the left lower extremity. As for his left shoulder, he noted 70% improvement after undergoing subacromial injection on March 13, 2014. Examination of the cervical spine revealed tenderness over the bilateral paravertebral musculature and over the bilateral upper trapezius muscles, left side greater than the right side. Range of motion was limited in all planes. Sensation was decreased along the left C7 dermatomal level. Examination of the left shoulder revealed mild tenderness over the acromioclavicular joint, over the supraspinatus tendon and over the subacromial joint. His range of motion was slightly decreased. Impingement and Cross Arm tests were positive. A pain management consultation was being considered for possible consideration for cervical epidural steroid injection. On May 5, 2014 progress note, the injured worker continued to complain of cervical spine pain radiating into the bilateral upper extremity and into the middle finger. The pain is increased with

repetitive motion or prolonged positioning. He also complained of left shoulder pain with weakness especially with activities at above shoulder level. Objective findings for the cervical spine included decreased cervical lordosis, tenderness and decreased range of motion. Axial Compression test was positive. Objective findings for the left shoulder included tenderness over the left subacromial joint, acromioclavicular joint, supraspinatus tendon and over the periscapular area, decreased range of motion and positive impingement test. Cervical spine magnetic resonance imaging scan was being requested for review to consider possible cervical spine epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine Epidural Steroid Injections: 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 Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Epidural Steroid Injections (ESI).

Decision rationale: The medical records received have limited information to support the necessity of the cervical steroid epidural injection. There is lack of documentation of failure of conservative treatment including home exercise, physical therapy, and medications. In addition, objective findings of radiculopathy has not been consistent in his evaluations, except for decrease sensation along the C7 dermatome, nothing more has been documented as a definite sign of radiculopathy that can be corroborated with the imaging and electromyogram/nerve conduction velocity studies. Additionally, the objective of the requested treatment is unclear whether it is for diagnostic or therapeutic purposes. Furthermore, the level in which the cervical epidural injection will be performed is unclear. The request is deemed not medically necessary.

Lumbar Spine Epidural Steroid Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESI).

Decision rationale: The medical records received have limited information to support the necessity of lumbar epidural injection. There is also lack of documentation of failure of conservative treatment including home exercise, physical therapy, and medications. In addition, despite abnormal imaging studies, objective findings only show tenderness and limited range of motion in the lumbar spine as signs of "radiculopathy." There are normal neurologic findings with negative orthopedic tests. Additionally, the objective of the requested treatment is unclear

whether it is for diagnostic or therapeutic purposes and furthermore the level in which the lumbar epidural injection will be injected is unclear. Moreover, per Official Disability Guidelines, it is indicated that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The request is deemed not medically necessary.