

Case Number:	CM14-0074183		
Date Assigned:	07/16/2014	Date of Injury:	03/09/2011
Decision Date:	08/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient of the date of injury of March 9, 2011. A utilization review determination dated April 23, 2014 recommends noncertification for a cervical epidural steroid injection. Noncertification was recommended due to lack of physical examination findings and diagnostic studies supporting a diagnosis of radiculopathy. A progress report dated May 12, 2014 identifies subjective complaints of neck pain radiating into the right upper extremity rated as 7/10. The pain is improved with physical therapy, over-the-counter medication, steroid injections, and TENS. Physical examination reveals diminished sensation in the middle digits on the left, decreased strength in the left upper extremity, and positive myofascial trigger points. Diagnoses included degenerative cervical intervertebral disc and cervical disc displacement. The treatment plan recommends a cervical epidural steroid injection. The note goes on to state that the patient is failed conservative treatment and wishes to proceed with a cervical epidural steroid injection to avoid surgical intervention. The injection will be a diagnostic epidural steroid injection. An MRI report dated April 21 identifies neuroforaminal stenosis at C4/5, C5/6, and C6/7. A note dated January 30, 2014 includes a record review identifying electrodiagnostic studies performed on February 3, 2012 with evidence of median sensory neuropathy and ulnar sensory neuropathy. There is no evidence of cervical radiculopathy on it her side.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION AT C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 45, 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for bilateral cervical epidural steroid injection C5-6, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no clear physical examination findings supporting a diagnosis of radiculopathy. The note indicates that electrodiagnostic studies have shown ulnar neuropathy and median neuropathy but not cervical radiculopathy. The patient's physical examination findings of decreased sensation and decreased strength could be explained by ulnar/median neuropathy. The requesting physician has not indicated why he feels that the patient's symptoms are more likely related to cervical radiculopathy rather than those other diagnoses. There are no physical examination findings which would indicate cervical radiculopathy as opposed to ulnar/median neuropathy. In the absence of clarity regarding those issues, the currently requested epidural steroid injection at C4-5 is not medically necessary.