

Case Number:	CM14-0077212		
Date Assigned:	07/18/2014	Date of Injury:	04/24/2005
Decision Date:	09/11/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 Emergency 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 53 year-old female, who sustained an injury on April 24, 2005. The mechanism of injury occurred when she picked up a case of water. Diagnostics have included: Cervical MRI dated November 24, 2009 was reported as showing disc disease at C5-6 right paracentral disc bulge with mild to moderate righty neuroforaminal stenosis, C6-7 right paracentral disc bulge with right foramina stenosis and impressing upon the theca sac decreasing the right anterior subarachnoid space. Treatments have included: cervical epidural injection, medications. The current diagnoses are: chronic pain, cervical radiculopathy, right shoulder pain. The request for Cervical epidural steroid injection right C5-6, was denied on May 22, 2014, citing a lack of documentation of physical exam evidence of radiculopathy, the MRI was over three years old and did not confirm neural compromise. Per the report dated April 24, 2014, the treating physician noted complaints of neck pain with radiation to the right arm. Exam findings included cervical tenderness, right trapezius trigger points, decreased right C6 dermatomal sensation. The treating physician also noted a positive response from a previous cervical epidural steroid injection. Per the report dated May 27, 2014, the treating physician noted complaints of neck pain with radiation to the right arm. Exam findings included cervical tenderness, right trapezius trigger points, decreased right C6 dermatomal sensation. The treating physician also noted a greater than 80% response from a previous cervical epidural steroid injection dated December 1, 2011, which lasted for one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection right C5-6: Overturned

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

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

Decision rationale: The requested cervical epidural steroid injection right C5-6, is medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS) recommends "An epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials." The injured worker has neck pain with radiation to the right arm. The treating physician has documented cervical tenderness, right trapezius trigger points, decreased right C6 dermatomal sensation. The treating physician also noted a greater than 80% response from a previous cervical epidural steroid injection dated December 1, 2011, which lasted for one year. Cervical MRI dated November 24, 2009 was reported as showing disc disease at C5-6 right paracentral disc bulge with mild to moderate righty neuroforaminal stenosis, C6-7 right paracentral disc bulge with right foramina stenosis and impressing upon the theca sac decreasing the right anterior subarachnoid space. The request for Cervical epidural steroid injection right C5-6, was denied on May 22, 2014, citing a lack of documentation of physical exam evidence of radiculopathy, the MRI was over three years old and did not confirm neural compromise. However, other than a lack of documented and a positive Spurling's sign, the treating physician does document: the presence of radicular pain, decreased right-sided sensation, greater than 50% improvement for greater than eight weeks from a previous cervical epidural injection, and positive findings of neuroforaminal stenosis on imaging study. Therefore the request for a cervical epidural steroid injection to right C5-6 is medically necessary.