

Case Number:	CM14-0082985		
Date Assigned:	07/21/2014	Date of Injury:	03/27/2012
Decision Date:	09/24/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 Interventional Spine 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 patient is a 53 years old male with an injury date on 03/27/2012. Based on the 03/06/2014 hand written progress report provided by [REDACTED], the diagnoses are: 1. Cervical sprain and strain with LUE; 2. Thoracic sprain and strain; 3. Lumbar sprain and strain; 4. Right SI joint sprain; 5. Right knee cont. According to this report, the patient complains of moderate cervical spine pain to left hand pain with numbness and pressure. Pain is rated at a 5-6/10. Symptom decreased with a home exercise program (HEP). The patient also complains of right knee pain. Symptom increase with climbing up/down stair, prolong walking, standing, bending, stopping. Symptom decreases with rest. Physical exam reveals decreased cervical and right knee range of motion with pain, positive Spurling and Mc Murray test. The 04/23/2014 report indicates pain radiates to the left shoulder down to the arm with numbness and tingling sensation. Positive Axial head compression and Spurling sign on the left. There is facet tenderness to palpation over the C4 to C7 dermatomes. Decreased sensation is in the left C6-C7 dermatomes was noted. Per [REDACTED], MRI of the cervical spine showed 1-2mm posterior disc bulge with bilateral neuroforaminal narrowing at C5-C6 and 2-3 mm disc bulge with right neural foramen flattened at C6-C7. The date and the report of the MRI were not provided in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 05/23/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/11/2013 to 04/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C5-C6 and C6-C7 transfacet epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injection(ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: According to the 03/06/2014 report by [REDACTED] this patient presents with moderate cervical spine pain to left hand pain with numbness and pressure. The provider is requesting left C5-C6 and C6-C7 transfacet epidural steroid injection (ESI). Regarding ESIs, the MTUS guidelines states radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Reviews of reports do not show any evidence of other epidural steroid injections being done in the past. This patient presents with left upper extremity symptoms described in dermatomal distribution with positive Spurling and Axial compression test. However, the MRI only shows 1-2mm and 2-3mm disc bulges at C5-6, 6-7. Bulging discs are normal findings and unlikely the source of the patient's radicular symptoms. Such as, the left C5-C6 and C6-C7 transfacet epidural steroid injection (ESI) is not medically necessary.