

Case Number:	CM14-0083702		
Date Assigned:	07/21/2014	Date of Injury:	10/01/2013
Decision Date:	09/09/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/05/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 41 year old with a work injury dated 10/1/13. The diagnoses include lumbar sprain/strain, lumbar paraspinal muscle spasms, lumbar disc herniation, lumbar radiculitis/radiculopathy of the right lower extremity, sacroilitis of the right sacroiliac joint, cervical sprain/strain, cervical disc herniation, cervical paraspinal muscle spasm and cervical radiculitis/radiculopathy of the upper extremities. Under consideration is a request for C7-T1 ESI (Epidural Steroid Injections) w/cat to C4-6. There is a pain management consultation document dated 4/28/14 that states that the patient presents today complaining of progressive limited range of motion to the neck and arms associated with severe muscle spasms. Pain is described to be at level 8/10 most of the times with flare ups reaching at level 9/10 towards the end of the day or with any moderate activity. Patient states pain is worse at night time causing him the inability to reach a comfortable position to sleep and maintained asleep without the aid of sleeping pills. Patient also reports experiencing frequent moderate to severe headaches with blurry vision having to take pain medication to be relieved. Cervical pain is also associated with tingling and numbness as well as weakness to right arm while carrying objects, writing and or grasping. The level of pain while attempting to perform normal daily activities has progressively increased in the last couple of weeks. Physical examination of the patient's cervical spine reveals the head and neck are well centered and are without evidence of deformity. There is loss of normal cervical lordosis. There are no palpable or audible bruits in the cervical spine. There is pain on palpation over the spinous processes from C4-C6 and C7-T1. There is increased tone in the right and left trapezius with point tenderness in the form of severe myofascial pain on deep palpation with severe guarding. The cervical compression test is positive. Cervical distraction test is positive. The Adson test is positive. There is limited range of motion to the upper extremity.

Radiculitis/radiculopathy following the dermatomal distribution of C4-C6 and C7-T1. The treatment plan includes the physician requesting authorization for the first cervical epidural steroid injection at level C7-T1 with catheter to C4-C6 under fluoroscopy guidance. The cervical MRI on 4/29/14 revealed that at C4-5 there is no evidence of herniated nucleus pulposus, neural foraminal narrowing, or spinal canal stenosis. The facet joints are normal. At C5-6: 1-2 mm posterior disc bulge effaces the ventral surface of the thecal sac resulting in mild bilateral neural foraminal narrowing. The central canal is adequately patent. Bilateral exiting nerve root compromise is seen. At C6-7, there is no evidence of herniated nucleus pulposus, neural foraminal narrowing or spinal canal stenosis. The facet joints are normal. At C7-T1, there is no evidence of herniated nucleus pulposus, neural foraminal narrowing or spinal canal stenosis. The facet joints are normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 ESI (Epidural Steroid Injections) w/cat to C4-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

Decision rationale: The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation reveals no evidence of electrodiagnostic testing results. The documentation reveals no evidence of C7-T1 radiculopathy on cervical imaging. The Cervical MRI dated 4/28/14 reveals that at C7-T1 there is no evidence of herniated nucleus pulposus, neural foraminal narrowing or spinal canal stenosis. The facet joints are normal. The request for C7-T1 ESI (Epidural Steroid Injections) w/cat to C4-6 is not medically necessary.

Floro (Fluoroscopy): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.