

Case Number:	CM14-0189510		
Date Assigned:	11/20/2014	Date of Injury:	03/11/1997
Decision Date:	01/16/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/13/2014

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 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 58 year old female with an injury date of 03/11/97. Per the 10/22/14 and 07/23/14 reports the patient presents with increasing neck pain and stiffness with numbness and tingling radiating to the right hand. There is numbness in the right thumb and increased pain on the left side of the neck. The patient is reported to be disabled. Examination of the thumb shows: active range of motion, and for the neck: cervical tenderness, spasms noted. The patient's diagnoses include: 1. Cervical disc disease, 2. Cervical radiculitis, 3. Bilateral carpal tunnel syndrome. The utilization review being challenged is dated 10/29/14. Reports were provided from 08/27/13 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI at C2-3 and C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The patient presents with increasing neck pain and stiffness radiating to the right upper extremity with numbness and tingling in the right hand along with numbness in the right thumb. The treater requests for CERVICAL ESI AT C2-3 AND C4-5 per 10/22/14 report. MTUS pages 46 and 47 states that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. Criteria for use include, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." There is no evidence of a prior ESI for this patient. The reports provided show subjective radicular symptoms in this patient with "neck pain radiating to the right upper extremity." The 10/24/14 utilization review lists an MRI cervical dated 04/14/11 among the documents provided; however, this study is not included for review. The treater does not cite findings from this 2011 study in the reports provided; however, the treater does request for an MRI cervical on 10/22/14. This requested MRI is not included or discussed. MTUS guidelines state, that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no objective findings demonstrating radiculopathy corroborated by imaging/electrodiagnostics. ESI Is not indicated. MTUS further states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request IS NOT medically necessary.