

Case Number:	CM14-0190848		
Date Assigned:	11/24/2014	Date of Injury:	12/02/2013
Decision Date:	01/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 52 year old female with an injury date on 12/02/2013. Based on the 10/16/2014 progress report provided by the treating physician, the diagnoses are cervical radiculopathy and cervical disc degeneration. According to this report, the patient complains of neck pain, left upper extremity pain and right upper extremity pain. Pain is rated as a 7/10 on the date of the report and a 5/10 on average. Pain level has remained unchanged from the last visit. Physical exam reveals tenderness at the cervical paravertebral muscles. Spurling's maneuver causes pain on the left. Neurological exam reveals "(+) numbness, (+) tingling." MRI of the cervical spine on 03/28/2014 shows broad-based bulging 1-2 mm beyond the anticipate margin, and mild central canal and left lateral recess stenosis measuring 0.88 cm in the AP dimension at C5-C6 level. The C6 nerve rootlet exits normally. The patient continues to work full time despite suffering from ongoing neck pain. There were no other significant findings noted on this report. The utilization review denied the request for cervical epidural injection left C5-C6 under fluoroscopy on 11/17/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/01/2014 to 11/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection Left C5-C6 under fluoroscopy: Upheld

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): 46-47.

Decision rationale: According to the 10/16/2014 report, this patient presents with "neck pain, left upper extremity pain and right upper extremity pain." The current request is for cervical epidural injection left C5-C6 under fluoroscopy but the treating physician's report and request for authorization containing the request is not included in the file. The UR denial letter states "there is no documentation of any focal neurologic deficit in the left C5-C6 distribution in the patient's physical exam." Regarding epidural steroid injections, MTUS guidelines states, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of reports do not mention of prior epidural steroid injections. In this case, the treating physician has not documented any examination findings documenting radiculopathy. There is a subjective complaint of non dermatomal bilateral arm pain. MRI shows 1-2mm bulging and the C6 nerve rootlet exits normally. There is no documentation of radiculopathy as MRI only showed bulging discs. The MTUS guidelines clearly state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; this was not found in the records provided. Therefore, the request is not medically necessary.