

Case Number:	CM14-0191240		
Date Assigned:	11/25/2014	Date of Injury:	06/19/2014
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
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 & 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 34 year old male with an injury date on 06/19/2014 and 06/03/1999. Based on the 06/19/2014 progress report provided by the treating physician, the diagnoses are cervical strain; trapezius strain; rhomboid strain; ligament and muscle strain and spasm; and Left C5-C6 cervical radiculopathy. According to this report, the patient complains of "continued sharp and dull aching pain into the cervical spine. It continues to radiate to the upper extremities, baseline 5 to 7 out of 10 pain." Exam findings show tenderness to palpation over the cervical paraspinal muscles, trapezius, and rhomboids muscle. "Spurling test is positive on the left." There is "diminished sensation in the C5-C6 pattern on the left." An MRI of the cervical spine on 08/24/2014 shows "a 3 mm central and slightly right-sided disk extrusion" at C5-C6 level. There were no other significant findings noted on this report. The utilization review denied the request for cervical epidural injection C5-C6 level on 10/21/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 10/28/2013 to 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection, C5-C6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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 10/07/2014 report, this patient presents with neck pain radiates to the upper extremities with at pain from 5 to 7 out of 10. Per this report, the current request is for left cervical epidural injection C5-C6 level. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of reports does not mention prior cervical epidural steroid injections. In this case, the patient has neck pain that radiates into the upper extremities. Exam was positive for left Spurling test and sensory deficits at C5-C6 on the left. There is no documentation that the patient has had a previous trial of ESI. Based on the the patient's radicular complaints, positive exam findings for radiculopathy and corroboration of MRI findings, this request is medically necessary.