

Case Number:	CM14-0202470		
Date Assigned:	12/15/2014	Date of Injury:	04/08/2014
Decision Date:	01/31/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50-year-old man who sustained a work related injury on April 8, 2014. Subsequently, she developed chronic neck pain. MRI of the cervical spine done on September 25, 2014 was markedly degraded by motion. It documented: C3-4: 2 mm broad based disc osteophyte complex and bilateral facet arthrosis were present, which resulted in canal stenosis and bilateral neural foraminal narrowing. There was no mass effect upon the cord. C5-6: 2-3 mm broad based disc osteophyte complex and bilateral facet arthrosis were present, which resulted in canal stenosis and bilateral neural foraminal narrowing. There was no mass effect upon the cord. C6-7: 2-3 mm broad-based disc osteophyte complex was present, which was asymmetric towards the left, which resulted in effacement of the ventral CSF space without canal stenosis or mass effect upon the cord. There was no associated neural foraminal compromise. According to a progress report dated September 11, 2014, the patient complained of headache; face, neck, and left arm pain; and numbness. The patient stated that there was tingling and numbness in his face and his left hand. He rated his pain level as a 5/10, which was an improvement from the last visit when it was 7/10. On examination of the cervical spine, paracervical palpation from the base of the cranium to T1, including the rhomboids and trapezius, showed no areas of tenderness or spasm bilaterally. range of motion was limited on extension at 20 degrees limited by pain, lateral rotation to 45 degrees limited by pain and lateral flexion at 30 degrees limited by pain. Spurling test was positive with pain going down to the left arm with tingling and numbness. Cervical facet stress test was also positive. There was decreased sensation in the left second, third, fourth, and fifth fingers of the hand. Motor strength was intact and deep tendon reflexes were within normal range bilaterally. Tinel's test was negative both at wrist and cubital fossa. The patient was diagnosed with right facial pain status post maxillary fracture and numbness in the feet, numbness in the V2 distribution of the trigeminal nerve, facial headaches, cervicogenic

headaches, cervical radiculitis left, and cervical facet arthropathy. The provider requested authorization for C6-7 Transforaminal Epidural Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 Transforaminal Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient recently received cervical epidural injection without documentation of the results of this injection. In his recent request, the provider did not document any signs of radiculopathy at C6-7 levels of the requested cervical injections. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for C6-7 transforaminal epidural steroid injection is not medically necessary.