

Case Number:	CM14-0205327		
Date Assigned:	01/07/2015	Date of Injury:	04/28/2001
Decision Date:	02/20/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 male who has submitted a claim for cervical radiculopathy and chronic pain syndrome associated with an industrial injury date of 4/28/2001. Medical records from 2013 to 2015 were reviewed. The patient complained of neck pain radiating to the left upper extremity. Physical examination showed muscle spasm and tenderness of paralumbar muscles, positive Spurling's sign and positive cervical compression test. The MRI of the cervical spine, dated 3/10/2012, showed a 2 mm posterior central protrusion at C5-C6. An electrodiagnostic study of bilateral upper extremities from 1/28/2014 showed mild acute C6 radiculopathy on the right. Treatment to date has included liver transplant on 7/17/2014, herniorrhaphy, physical therapy and medications. The utilization review from 11/11/2014 denied the request for left C5-C6 cervical epidural steroid block because of no current subjective and objective findings consistent with radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left C5-C6 cervical epidural steroid block: 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 Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the patient complained of neck pain radiating to the left upper extremity. Physical examination showed muscle spasm and tenderness of paralumbar muscles, positive Spurling's sign and positive cervical compression test. The MRI of the cervical spine, dated 3/10/2012, showed a 2 mm posterior central protrusion at C5-C6. An electrodiagnostic study of bilateral upper extremities from 1/28/2014 showed mild acute C6 radiculopathy on the right. However, clinical manifestations are not consistent with radiculopathy. There is likewise no nerve root impingement seen on imaging. The guideline criteria are not met. Therefore, the request for left C5-C6 cervical epidural steroid block is not medically necessary.