

Case Number:	CM14-0207264		
Date Assigned:	12/19/2014	Date of Injury:	07/11/2013
Decision Date:	02/10/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal Medicine 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 injured worker (IW) is a 42-year-old man with a date of injury of July 11, 2013. The mechanism of injury occurred when the IW tripped over an umbrella and hit his chin on a marble table. The injured worker's working diagnoses are cervical degenerative disc disease at C4-C5 and C6-C7; cervical stenosis at C4-C5 and C6-C7; cervical radiculopathy; and status post anterior cervical discectomy with fusion at C5-C6 in 1997. The IW underwent EMG/NCV studies October 7, 2014. Nerve conduction velocity studies of the upper extremities were normal; EMG results were abnormal. The EMG/NCV study was consistent with chronic bilateral C6 radiculopathy. Electrodiagnostic studies confirm the presence of a C6 radiculopathy. Pursuant to the Second Treating Physician's Progress Report (PR-2) dated September 8, 2014, the IW complains of constant neck pain that radiates to the left upper extremity with numbness and tingling rated 8/10. Cervical examination reveals range of motion: flexion 40, right lateral flexion 25, left lateral flexion 30, right rotation 60, and left rotation 60. Spurling's test is positive bilaterally. There were no objective findings on physical examination compatible with cervical radiculopathy. Current medications include topical compound creams, Ambien 10mg, Cyclobenzaprine 10mg, Percocet 10/325mg, Terocin patches, and Methoderm gel. The current request is for a cervical epidural steroid injection at C4-C5 and C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C4-C5, C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Epidural Steroid Injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical epidural steroid injections C4 - C5 and C6 - C7 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria for epidural steroid injections, therapeutic include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical degenerative disc disease at C4 - C5 and C6 - C7; cervical stenosis at C4 - C5 and C6- C7; and status post anterior cervical discectomy with fusion at C5 - C6. The date of injury is July 11, 2013. The injured worker underwent EMG/NCV studies October 7, 2014. Nerve conduction velocity studies of the upper extremities were normal; EMG results were abnormal. The EMG/NCV study was consistent with chronic bilateral C6 radiculopathy. The criteria for an epidural steroid injection is limited to radiculopathy documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Subjectively, the injured worker complained of numbness and tingling in left upper extremity. There were no objective findings on physical examination compatible with cervical radiculopathy. Electrodiagnostic studies showed results compatible with a chronic bilateral C6 radiculopathy. Consequently, absent radiculopathy documented by physical examination (despite a chronic C6 radiculopathy on electrodiagnostic studies), epidural steroid injection C4 - C5 and C6 - C7 is not medically necessary. Even if objective findings of radiculopathy were present on physical examination, electrodiagnostic studies confirm the presence of a bilateral C6 radiculopathy and an epidural steroid injection at C4 - C5 would not be clinically indicated and not medically necessary.