

Case Number:	CM15-0035676		
Date Assigned:	03/04/2015	Date of Injury:	12/17/2003
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/25/2015

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: Physical Medicine & Rehabilitation

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 is a 58-year-old male, who sustained an industrial injury on 12/17/03. He has reported neck, left arm and foot injury. The diagnoses have included left cervical radiculopathy, post-cervical laminectomy syndrome and lumbar radiculopathy. Treatment to date has included 2 level anterior cervical discectomy with fusion, functional restoration program, physical therapy and oral medications. Currently, the injured worker complains of neck and bilateral shoulder pain partially relieved with medications. On physical exam lumbar spine range of motion is restricted by pain, tenderness is noted on palpation of paravertebral muscles and a tight muscle band on both sides is noted, range of motion of cervical spine is restricted with pain and paravertebral muscles revealed tenderness on palpation with a tight muscle band on both sides. On 2/4/15 Utilization Review non-certified cervical epidural injection C7-T1, noting the guidelines recommend only when there has been documentation of a radiculopathy by physical exam and corroborated by imaging/Electrodiagnostic studies, there is no documentation of pain, numbness or paresthesias in a specific dermatomal distribution related to the C7-T1 level and no diagnostic studies indicating C7-T1 findings. The MTUS, ACOEM Guidelines, was cited. On 2/4/15, the injured worker submitted an application for IMR for review of cervical epidural injection C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection, Cervical C7-T1 (thoracic): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with neck and bilateral shoulder pain. The treater is requesting an epidural steroid injection and cervical C7 - T1 thoracic. The RFA was not made available for review. The patient's date of injury is from 12/17/2003 and he is currently permanent and stationary. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. MTUS also states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The records show that the patient received a cervical epidural injection at C7 - T1 on 08/27/2008, 06/29/2011, and 11/16/2011. The treater notes that the patient received greater than 50% pain relief for six weeks due to this injection. The patient reports 100% relief of radiating bilateral arm pain. The MRI of the cervical spine from 03/18/2014 showed: 1. Cervical spondylosis 2. Large, broad based compressive right C4 - 5 disc protrusion causing the central spinal stenosis. 3. Large, broad based compressive left C5 - 6 disc protrusion causing spinal stenosis. The EMG/NCS of the bilateral upper extremities from 05/07/2008 showed: 1. There is electrodiagnostic evidence of chronic left C7 cervical radiculopathy without active denervation. 2. There is electrodiagnostic evidence of chronic, moderate right and left distal median nerve neuropathy at the wrist without active denervation. 3. There was no electrodiagnostic evidence for distal radial or ulnar nerve neuropathy by criteria. There was no electrodiagnostic evidence for right cervical radiculopathy. The 01/13/2015 report notes restricted range of motion in the cervical spine. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremity. The patient is hyporeflexive with all DTRs. Light touch sensation is decreased at C5 distribution on the right side. In this case, the patient does meet the required criteria based on the MTUS guidelines for a repeat cervical epidural steroid injection. The request IS medically necessary.