

Case Number:	CM13-0011786		
Date Assigned:	10/02/2013	Date of Injury:	11/22/1986
Decision Date:	01/31/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 physician 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.

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 40-year-old male who reported an injury on 11/22/2006. The patient is currently diagnosed with central and right lateral disc protrusion, right cervical facet joint pain, right cervical facet joint arthropathy, cervical degenerative disc disease and cervical sprain/strain. The patient was seen by [REDACTED] on 08/05/2013. The patient reported increased cervical pain and right upper extremity symptoms. Physical examination revealed tenderness to palpation of the cervical paraspinal muscles overlying the right C5-7 facet joints, restricted range of motion secondary to pain, 2+ and symmetric reflexes, 5/5 strength and decreased sensation. Treatment recommendations included an EMG/NCV study of the right upper extremity, continuation of current medications and the initiation of a Medrol Dosepak.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided right C3-C4 cervical transforaminal epidural steroid injection:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should also prove initially unresponsive to conservative treatment. As per the clinical notes submitted, there is no documentation of radiculopathy on physical examination. There were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There was also no evidence of a failure to respond to recent conservative treatment, including exercises, physical methods, NSAIDs and muscle relaxants. A previous cervical epidural steroid injection was recommended in 06/2012. It is unknown as to whether the patient has ever undergone epidural steroid injections in the past with functional improvement. Based on the clinical information received, the request is non-certified.

Fluoroscopically guided right C4-C5 cervical transforaminal epidural steroid injection:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should also prove initially unresponsive to conservative treatment. As per the clinical notes submitted, there is no documentation of radiculopathy on physical examination. There were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There was also no evidence of a failure to respond to recent conservative treatment, including exercises, physical methods, NSAIDs and muscle relaxants. A previous cervical epidural steroid injection was recommended in 06/2012. It is unknown as to whether the patient has ever undergone epidural steroid injections in the past with functional improvement. Based on the clinical information received, the request is non-certified.