

Case Number:	CM13-0045407		
Date Assigned:	03/12/2014	Date of Injury:	09/16/2010
Decision Date:	05/30/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/08/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 patient is an employee of the [REDACTED] and has submitted a claim for lumbar disc protrusion with anterolisthesis, right rotator cuff syndrome, and cervical spondylosis, all associated with an industrial injury date of 9/16/10. Treatment to date has included lumbar epidural steroid injection, fluoroscopic right shoulder injection, acupuncture, physical therapy and medications, including Motrin, Neurontin, Prilosec, and Zanaflex. Medical records from 2012-2014 were reviewed, showing that patient has been complaining of constant neck and low back pain shooting down right upper and right lower extremity associated with tingling, numbness, and paresthesia. Right shoulder pain was at 2-3/10, while neck and low back pain was at 7-8/10. Physical examination showed localized tenderness in the lower cervical and lumbar areas. Range of motion of both the cervical and lumbar spine was limited. There was loss of normal lordosis of cervical spine. Right shoulder impingement test was positive. Sensation to light touch was diminished along the medial and lateral borders of right leg, calf and foot. Right-sided Spurling's maneuver was positive. Manual motor strength was 5/5 at all extremities except for the right extensor hallucis longus and plantarflexors, which were graded 4+/5. Upper and lower extremity electrodiagnostic studies performed on 7/2/12 were interpreted as normal nerve conduction studies of bilateral upper and lower extremities, electrodiagnostic evidence of right L5 and C7 radiculopathy, and no electrodiagnostic evidence of left cervical or lumbosacral radiculopathy. A note written on 1/21/14 stated that the procedure was requested because the patient had MRI findings of thecal sac effacement at C4-C5, C5-C6, and C6-C7 levels and bilateral neuroforaminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

A TRANSLAMINAR CERVICAL EPIDURAL STEROID INJECTION AT C7-T1:

Upheld

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

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

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection 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. In this case, medical records submitted and reviewed did not include a comprehensive neurologic examination, especially of the upper extremities (i.e. relevant reflexes, presence or absence of atrophy, sensory examination, among others). Although there was documented neurological dysfunction per the EMG/NCV and cervical MRI results, the official report was not included in the documents submitted; rather, it was only cited in the progress reports dated 4/24/13 and 10/29/13, respectively. Therefore, the request is not medically necessary.