

Case Number:	CM14-0123756		
Date Assigned:	09/16/2014	Date of Injury:	06/17/2012
Decision Date:	10/17/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/05/2014

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 Occupational 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:

This is a 39-year-old male with a 7/17/12 date of injury. The mechanism of injury occurred when he was lifting a metal frame and felt a pop in his neck and pain in the neck and right shoulder. An agreed medical examination report was provided for review; however it is dated 10/28/13. According to an internal medicine report dated 8/15/14, the patient stated that the pain in his neck and right upper extremity gradually returned to his current level between 8 and 9. An MRI of the cervical spine dated 8/23/12 revealed C3-4 suggestive of annular fissure, C5-6 mild to moderate central canal stenosis with broad-based disc endplate osteophyte complex of 3mm causing pressure over the anterior aspect of the thecal sac, marked narrowing right neural foraminal, C6-7 with 1.5mm central disc protrusion. It is noted that the patient had a cervical C5-7 epidural on 1/24/13. Objective findings: deferred to orthopedic consultant. Diagnostic impression: Pain disorders associated with failed cervical spine surgery, sleep disorder due to pain disorder and failed cervical spine surgery, male sexual dysfunction, and dyspepsia. Treatment to date: medication management, activity modification, spinal fusion therapy, ESI.A UR decision dated 7/28/14 denied the request for epidural injection C7/T1. The claimant has evidence of radiculopathy on examination and has imaging studies that corroborate nerve root compression at the level of C5-7. However, there is no evidence of stenosis or disc herniation documented at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA guides (radiculopathy)

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. According to the UR decision dated 7/28/14, this is a request for an epidural injection for C7/T1. It is noted that an MRI dated 8/23/12 revealed nerve root compression at the level of C5-7. However, there is no corroborating evidence of cervical radiculopathy at the C7/T1 level. There is no documentation of any recent diagnostic studies or imaging studies that would corroborate the medical necessity for the requested service. In addition, there were no subjective and objective findings of radiculopathy documented by clinical history and examination. Therefore, the request for Epidural Injection was not medically necessary.