

Case Number:	CM14-0141687		
Date Assigned:	09/05/2014	Date of Injury:	05/21/2013
Decision Date:	10/09/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/02/2014

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 New York and North Carolina. 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:

Patient with injury date 5/21/13, diagnosed with a sprain/strain of cervical spine, thoracic spine and right shoulder. His symptoms started after lifting a 25 pound box. He has occasional numbness and tingling down the back of his right arm and into his middle through small right finger, along with daily neck and shoulder blade pain on his ride side. He is appealing the 8/21/14 denial of a right transforaminal epidural steroid injection C6-7 and pre-and post-injection office visits. He has had 24 sessions of physical therapy, 6 session of acupuncture and performs daily exercises. He had a normal EMG on 3/20/14, however on examination 6/30/13, he was noted to have decreased sensation in C7, C8 and T1. Spurling's test was noted to be positive and negative on the right during that exam. Medical records note that MRI in 2013 showed disc herniation at C6-7, however report of cervical and thoracic spine 10/18/2013 showed no disc herniation or stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) Transforaminal epidural steroid injection C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: There is insufficient evidence to make any recommendations for the use of epidural steroid injections to treat radicular cervical pain, per The American Academy of Neurology, as noted in the Chronic Pain medical guidelines of the CA MTUS. The guidelines do however go on to recommend ESIs (epidural steroid injections) as an option for treatment of radicular pain - pain in dermatomal distribution with corroborative findings of radiculopathy. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Epidural steroid injections should be done in conjunction with other rehab efforts, including a home exercise program. This patient does not have objective evidence of radiculopathy with a normal cervical MRI and EMG study. Epidural steroid injections are not medically necessary.

Pre and post injection follow-ups: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient is not a candidate for epidural steroid injections, per the chronic pain guidelines in the MTUS, and hence the visits for the injections are not applicable. Therefore, Pre and post injection follow-ups is not medically necessary.