

Case Number:	CM14-0148438		
Date Assigned:	09/18/2014	Date of Injury:	04/07/2007
Decision Date:	10/17/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/12/2014

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 53-year-old female with a 4/7/07 date of injury. The mechanism of injury involved striking her neck against an open refrigerator door. The patient was most recently seen on 9/10/14, when the patient complained of a 4-5/10 neck pain (without medications) that radiated down the right arm. Exam findings revealed a limited range of motion in the C-spine, hand grip strength of 5-/5 on the right, and 5/5 on the left. There was a decrease in light touch sensation over the medial aspect of the hand (unspecified which hand), in addition to the lateral aspect of the right hand. The Spurling's test was negative. The patient's diagnoses included cervical radiculopathy, cervical spondylosis, and cervical facet syndrome. The patient was not on any medications during that time. The progress report noted that an electromyogram test dated 1/3/12 showed bilateral cervical radiculopathy at C5, C6, and C7. It was also noted that an MRI C-spine dated 2/8/12 showed multilevel degenerative disc disease. It stated that the patient received a previous injection which decreased the pain. However, the percentage of pain improvement and the site of the injection were not documented. Treatment to date includes medications, physical therapy, chiropractic care, massage, heat, Zynex Medrox Machine, trigger point injections. An adverse determination was received on 9/2/14 due to the lack of documentation of the pain in a dermatomal pattern. The reported neurological findings are not consistent with radiculopathy at a specific spinal level and there are no MRI findings presented that reveal nerve root compression at the proposed levels. MTUS guidelines do not support an epidural injection with the current clinical findings. Also, there was no explanation for the request when documents noted that on 7/31/14, the patient did not want any injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection C7-T1 #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The 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. This patient was noted to have persistent neck pain radiating down the right arm. There was insufficient documentation to indicate which dermatomes in the arm were involved. In addition, an EMG study dated 1/3/12 revealed bilateral cervical radiculopathy at C5, C6, and C7, which can cause the patient to experience this neck pain with radiation down the arm. The documentation also noted that the patient's hand grip was strong bilaterally, which correlates with an intact C8 nerve root. Furthermore, there was no imaging or electrodiagnostic study to demonstrate any nerve root compression specifically at the C7-T1 level. Therefore, the request for cervical epidural injection C7-T1, #1, was not medically necessary.