

Case Number:	CM14-0157329		
Date Assigned:	09/30/2014	Date of Injury:	04/21/2014
Decision Date:	11/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 04/21/2014. The date of the utilization review under appeal is 08/20/2014. On 08/12/2014, the patient was seen in a spine center evaluation with the chief complaint of significant left-sided neck pain with radiation down the left arm. Neurologically the patient had dysesthesia in a left C7 distribution and absence of a triceps reflex. The patient also had slight weakness 4+/5 in the left triceps and left digit extensor. The treating physician reviewed an MRI of the cervical spine which demonstrated spondylosis at C5-6 and C6-7 with a large broad-based herniation at C6-C7 impinging on the nerve root and deforming the spinal cord. The treating physician diagnosed the patient with a left C7 radiculopathy and early myelopathic symptoms due to a large disc herniation at C6-C7. The treating physician recommended a C7 selective nerve root block. The initial physician's review noted that the physician indicated the patient had a herniated disc between C6 and C7, but the MRI stated the protrusion was at C7-T1; thus, the request for a block at C6-C7 was not medically necessary. Radiologist's impression of the MRI of the cervical spine on 07/12/2014, states under the summary impression, that there was a disc protrusion displacing the cord at C7-T1. However, the detailed description of the findings very distinctly describes a herniation at C6-C7 compressing the spinal cord with an unremarkable C7-T1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block Injection for Left C7 Spine: Overturned

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections states that radiculopathy must be documented by physical exam and corroborative imaging studies and/or electrodiagnostic testing. The medical records in this case do very distinctly and very clearly outline symptoms of pain, dysesthesia, sensory deficit on exam, motor weakness on exam, reflex loss, and a very clear compressive nerve root lesion at the requested level. There appears to be a typographical error in one portion of the MRI report which was relied upon at the time of the prior physician review. However, the bulk of the MRI report is clearly consistent with the clinical history and neurological findings on exam. Moreover, even if the MRI were one segment off, as suggested by the prior reviewer, it would be reasonably within the discretion of a treating physician to select a different level in the cervical spine, either because of a clinical impression of an anatomical variation in neurological innervation or in the case of the cervical spine, if a physician felt that a higher level were safer to approach from a procedural perspective, with the expectation that the injection would impact and treat levels below as well. For these reasons, the guidelines have been classically met in this case for the requested epidural steroid injection. This request is medically necessary.