

Case Number:	CM14-0097409		
Date Assigned:	07/28/2014	Date of Injury:	04/15/2013
Decision Date:	10/03/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/25/2014

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 Family 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:

The injured worker is a 45 year old female who was injured on 04/15/13 due to cumulative trauma. Records reference an EMG/NCS of the bilateral upper extremities dated 06/12/13 which reportedly revealed bilateral carpal tunnel syndrome with no evidence of cervical radiculopathy, brachial plexopathy or other peripheral nerve entrapment. An MRI of the cervical spine dated 03/19/14 reveals multilevel degenerative disc disease with reversal of the normal cervical lordosis. Mild to moderate central canal stenosis is noted at C3-4 through C5-6 with effacement of the anterior CSF space. Mass effect on the ventral spinal cord is noted at C4-5 and C5-6. At C6-7 no central canal stenosis or neural foraminal narrowing is seen. At C7-T1 no disc herniation and no spinal canal or neural foraminal stenosis is seen. The injured worker is diagnosed with cervicgia and other disorders of the cervical region. The injured worker complains of pain in the neck, bilateral elbows and bilateral wrists. Of note, the injured worker underwent carpal tunnel release on the right on 12/19/13 and on the left on 05/19/14. Records do not specifically address previous treatment for the cervical spine. Clinical note dated 05/02/14 includes a physical examination of the cervical spine which reveals ROM is 80% of normal with flexion, extension and rotation. Spurling's maneuver is positive. Motor strength is 5/5 throughout the bilateral upper extremities. Reflexes are noted to be at a 2 throughout the bilateral upper extremities. It is noted that there is no sensory hypoesthesia and clonus and Hoffman's are negative. A request for a C7-T1 ESI is submitted on 06/05/14 and is subsequently denied by Utilization Review dated 06/17/14 based upon a lack of evidence of neurologic deficits at the requested level and lack of records indicating the injured worker has failed conservative treatment. This is an appeal request for a cervical ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 Interlaminar Epidural Steroid Injection Under Fluoroscopic Guidance: Upheld

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

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

Decision rationale: The request for C7-T1 Interlaminar Epidural Steroid Injection under Fluoroscopic Guidance is not recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines state criteria for the use of ESIs includes evidence of an active radiculopathy upon physical examination which is corroborated by imaging and/or electrodiagnostic studies and failure to respond to conservative measures. The records submitted for review did not discuss conservative treatment, such as physical therapy, specifically directed to the cervical spine. Records reference an electrodiagnostic study which did not reveal evidence of radiculopathy. The MRI submitted for review did not reveal any significant pathology about the C6-7 or C7-T1 levels. The most recent physical examination submitted for review did not include evidence of an active radiculopathy. Motor, sensory and reflex examinations were reported to be normal. Based on the clinical information submitted for review, medical necessity of a C7-T1 Interlaminar Epidural Steroid Injection under Fluoroscopic Guidance is not established.