

Case Number:	CM14-0214092		
Date Assigned:	12/31/2014	Date of Injury:	09/29/2010
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 patient is a 44 year old male with a work injury dated 9/10/10 when he fell off of a scaffold and struck the ground. The diagnoses include cervical radiculopathy; cervical spondylosis; pain involving the shoulder region on the left with a history of a rotator cuff repair and labral repair; thoracic spondylosis; back pain; myofascial pain syndrome. Under consideration is a request for cervical epidural steroid injection. A cervical MRI dated 11/14/14 states that at C3/4 there is minimal left uncovertebral joint hypertrophy on the left causing minimal left neural foraminal narrowing and small broad based disc bulge without central canal narrowing. C4/5- has minimal bilateral neural foraminal narrowing and a small broad based disc bulge. C5/6 has left paracentral disc osteophyte complex causing moderate to severe narrowing of the left lateral recess. This could result in left sided C6 radiculopathy. There is mild narrowing of the right neural foramen. There is a broad based disc bulge, mild ligamentum hypertrophy, mild to moderate right mild left neural foraminal narrowing. C7/T1 is normal. A 12/22/14 progress note indicates 5/10 pain in the left neck, shoulder dull and achy aggravated with left axial rotation in sitting. On exam his neurological exam states that speech is normal in rate, rhythm, content. There is left lateral mass tenderness at the lower segments. There is left trapezius tenderness. The cervical spine range of motion is limited in axial rotation. There is 5/5 right upper extremity strength. On the left side there is 5/5 deltoid, biceps and finger flexion strength. There is 4/5 triceps, wrist flexion, wrist and finger extension strength. The reflexes are 1/5 bilateral biceps, triceps, brachioradialis. The sensory exam states "sensory to light touch of the in the left 2,3,4 digits" Foraminal closure is negative. Hoffman's test is negative. There is a request for a C6/7

epidural steroid injection which was denied. The document states that the patient "with mostly left sided radicular symptoms and bilateral. Corroborating neural foraminal stenosis most severe on the left lateral C5-6 recess." The provider states that he does not typically inject above C6-7 when doing cervical epidural injections due to the widening of the spinal cord as it approaches the brainstem. "

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (ESI): 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: Cervical epidural steroid injection (ESI) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state the cervical epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Cervical MRI reveals narrowing at the C5-6 level on the left possibly affecting the left C6 nerve root. The prior utilization review indicates that the request for injection was for the C6-7 level. The current request as written does not indicate a level or laterality. Without this information a request for a cervical epidural steroid injection cannot be certified as medically necessary.