

Case Number:	CM14-0215011		
Date Assigned:	01/07/2015	Date of Injury:	08/11/2013
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male with date of injury of 08/11/2013. The listed diagnoses from 11/19/2014 are: 1. Herniated nucleus pulposus, unspecified site. 2. Cervical degenerative disk disease. 3. Cervicalgia. 4. Cervical radiculitis. According to this report, the patient complains of constant pain to his cervical spine at a rate of 5/10. He has pain radiating down the right arm with numbness to his right hand and popping in his neck with movement. The patient states that he is improving since he started physical therapy. He has received about 8 sessions of physical therapy, which lessens his pain. Inspection of the neck shows normal lordosis and head level. There is tenderness in the paracervical muscles bilaterally, right greater than the left. Trapezius is tender on the right. There is decreased sensation in the C6 dermatome. The treater references an MRI of the cervical spine from 10/30/2013 that showed: 1. C3-C4 mild HNP. 2. C5-C6 HNP disk osteophyte complex, disk collapse, facet DJD causing mild central stenosis and right neuroforaminal stenosis. The EMG report from 11/01/2013 showed: 1. Mixed motor and sensory distal peripheral neuropathy on the lower extremities. 2. Absence of H response bilaterally in supportive of S1 radiculopathy on both sides. There was no electrophysiological evidence of acute or ongoing axonal degeneration on sample muscles of the lower extremities. Treatment reports from 05/31/2013 to 12/17/2014 were provided for review. The utilization review denied the request on 11/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection to right C5-C6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

Decision rationale: This patient presents with cervical spine pain that radiates to the right arm. The treater is requesting a cervical epidural injection to right C5-C6. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. MTUS also states, there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The 10/14/2014 report notes that the patient has ongoing cervical spine pain that is rated 6/10 that radiates to the right arm with numbness. Examination shows decreased sensation at the C6 dermatome and the treater states, "My observations of the MRI images revealed definitive right-sided neuroforaminal stenosis at the C5-C6 level, this would produce symptoms concordant with his exam and history." There are no medical records indicating that the patient has previously received a cervical epidural steroid injection. Given the patient's clinical findings, the request for a cervical ESI is supported by the MTUS Guidelines. The request is medically necessary.