

Case Number:	CM15-0068595		
Date Assigned:	04/16/2015	Date of Injury:	06/06/2014
Decision Date:	05/15/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/10/2015

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 & Rehabilitation, 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 injured worker is a 50-year-old male with an industrial injury dated June 6, 2014. The injured worker diagnoses include cervical radiculopathy, cervical disc disorder, low back pain and muscle spasm. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/09/2015, the injured worker reported neck pain and back pain radiating from low back down bilateral legs and lower backache. Objective findings revealed mild pain, bilateral tenderness of paravertebral muscles and restricted range of motion of the cervical and lumbar spine limited by pain. The Spurling maneuver causes pain in the muscles of the neck radiating to the upper extremity. There is light touch sensation decreased over the lateral left forearm. Deep tendon reflexes are normal and equal bilaterally. The treating physician prescribed right and left cervical epidural injection at C7-T1. A 6/23/14 cervical MRI notes 2mm broad based annular bulge without focal protrusion or herniation. The spinal canal and intervertebral neural foramina are adequate in dimension. There is severe right neural foraminal stenosis at C6-7 related to degenerative change in the uncovertebral joints. A 3/28/14 EMG/NCS revealed a left C6-7 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical epidural injection at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: Right cervical epidural injection at C7-T1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted does not reveal evidence of radiculopathy on imaging, physical exam or electrodiagnostic testing that corresponds to the proposed levels of injection. Therefore, the request for epidural steroid injection on the right at C7-T1 is not medically necessary.

Left cervical epidural injection at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: Left cervical epidural injection at C7-T1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted does not reveal evidence of radiculopathy on imaging, physical exam or electrodiagnostic testing that corresponds to the proposed levels of injection. Therefore, the request for epidural steroid injection on the left at C7-T1 is not medically necessary.