

Case Number:	CM14-0152479		
Date Assigned:	09/22/2014	Date of Injury:	09/11/2013
Decision Date:	11/04/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/18/2014

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 Orthopedic Surgery 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:

This is a 35-year-old male who sustained a vocational injury on 09/11/13 when he was pushed into equipment while working as a laborer. The medical records provided for review included the report of a magnetic resonance imaging (MRI) of the cervical spine dated 02/28/14 that identified a C5-6 broad-based posterior disc herniation which caused stenosis of the spinal canal. There was straightening of the cervical lordosis which may have been related to position or due to muscle spasm. The office note dated 04/06/14 documented a diagnosis of herniated nucleus pulposus of the cervical spine at C5-6 with cervical stenosis, cervical kyphosis, and degenerative disc disease of the cervical spine. The claimant had ongoing complaints of low back, neck, and mid-back pain and was documented to have completed thirteen sessions of chiropractic rehabilitative therapy and eight sessions of acupuncture. The claimant was also documented to be taking Norco, Flexeril and using LidoPro Cream at night. The claimant complained of constant stabbing pain starting in the neck and radiating down the back. Examination revealed diminished sensation in the right C5 and C6 dermatomes, 5-/5 strength of the deltoid, biceps, wrist extensors, wrist flexors, interossei, finger flexors, and finger extensors, and reflexes were within normal limits. He had a positive slump test bilaterally. It was documented on the 08/05/14 office note that the Electromyography/ Nerve Conduction Velocity (EMG/NCV), performed on 02/06/14 was within normal limits. This is a request for a cervical epidural steroid injection at the C5-6 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

CESI C5-C6: 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 (ESI) Page(s): 46.

Decision rationale: The California MTUS Chronic Pain Guidelines recommend that radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The claimant should be initially unresponsive to conservative treatment to include formal physical therapy and exercises. There is no documentation that the claimant underwent a course of formal physical therapy followed by a home exercise program, which would be recommended prior to considering cervical epidural steroid injections. In addition, the Electromyography/Nerve Conduction Velocity (EMG/NCV) failed to confirm radiculopathy of the upper extremities due to cervical pathology. The magnetic resonance imaging (MRI) dated 02/28/14 failed to identify evidence of neurocompression at the C5-6 level. Based on the documentation presented for review and in accordance with MTUS Chronic Pain Guidelines, the request for the Cervical Epidural Steroid Injection at the C5-6 level is not medically necessary.