

Case Number:	CM13-0002595		
Date Assigned:	12/04/2013	Date of Injury:	02/02/2009
Decision Date:	01/30/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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 patient is a 51-year-old female who reported an injury on 02/08/2009 after pushing oxygen tank holder carts. The patient reportedly developed low back pain. The patient was initially treated with physical therapy and muscle relaxants. The patient developed cervical spine pain. The patient underwent cervical fusion at the C5-6 and continued to have chronic neck and back complaints. The patient's most recent clinical examination findings included painful range of motion of the cervical spine, normal sensation, motor strength, and deep tendon reflexes with the exception of decreased reflexes on the left upper extremity. The patient's diagnoses included cervical radiculopathy, trigeminal neuralgia, backache, degenerative disc disease of the cervical spine, fibromyalgia, and cervicalgia. The patient's treatment plan included an epidural steroid injection, continued medication usage, and psychological support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C3-4 with catheter left side greater than right under fluoroscopy and anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter section on Epidural Steroid Injections

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has decreased deep tendon reflexes on the left side of the upper extremity. The MTUS Chronic Pain Guidelines recommend epidural steroid injections for patients with radicular symptoms supported by clinical findings and an imaging study that have not been unresponsive to conservative therapy. The clinical documentation submitted for review does provide evidence that the patient has decreased reflexes on the left side of the upper extremity. However, although it is noted that there was an MRI reviewed, the MRI results were not included in the medical records submitted for review. Additionally, the Official Disability Guidelines do not recommend the use of anesthesia when performing an epidural steroid injection unless there is documentation of significant anxiety related to needles or the procedure. The clinical documentation submitted for review does not provide any evidence that the patient has significant anxiety related to needle usage or the procedure itself. As there is no imaging study to support nerve root involvement and there is no support for anesthesia to be used during the procedure, the cervical epidural steroid injection requested would not be indicated. As such, the request for a cervical epidural steroid injection at the C3-4 with catheter of the left side greater than right under fluoroscopy and anesthesia is not medically necessary and appropriate.