

Case Number:	CM13-0004046		
Date Assigned:	12/11/2013	Date of Injury:	08/26/2008
Decision Date:	01/27/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	07/29/2013

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 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 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 claimant is a 52-year-old female who was injured on August 28, 2008, sustaining an injury to the cervical spine. The clinical records reviewed at present include a November 4, 2013 procedural note indicating the claimant underwent a fluoroscopy guided C5 through 7 epidural steroid injection performed by [REDACTED]. Reevaluation on November 7, 2013 with [REDACTED] indicated ongoing complaints of pain about the neck noted to be unchanged with radiating pain to the bilateral upper extremities and hands. Objectively, there was noted to be vertebral tenderness to palpation with "no change" noted on sensory, motor and reflexive examination. The claimant was given a diagnosis of cervical radiculopathy, and an injection as stated was provided. Documentation of a prior MRI scan of November 23, 2009 showed the C4-5 level to be with maintained disc height with posterior protrusion and no indication of neural foraminal stenosis or compromise. The C5-6 level was with encroachment on the foramina with disc bulging and facet joint changes. At present there was a request for an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

cervical epidural injection: Upheld

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

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

Decision rationale: Based on California MTUS Guidelines, an epidural injection would not be indicated. The specific request in this case for the cervical epidural injection shows recent clinical records failing to demonstrate specific nerve root compromise on physical examination, with no recent imaging demonstrating a compressive neurologic finding to the cervical spine that would correlate with examination to necessitate the role of the procedure. Guidelines clearly indicate that "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing". The absence of the above would fail to indicate the need for the procedure as requested in this case.