

Case Number:	CM13-0006545		
Date Assigned:	08/30/2013	Date of Injury:	02/18/2004
Decision Date:	01/03/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/06/2013

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 Physical Medicine and Rehabilitation 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.

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 underlying date of injury in this case is 02/18/2004. The primary diagnosis is brachial neuritis. This patient has been treated for chronic neck and shoulder pain. Treating diagnoses include cervical strain with disc protrusions and radicular symptoms as well as status post arthroscopy and Mumford procedure on 12/06/2011, right knee patellofemoral syndrome, and possible left carpal tunnel syndrome versus cervical pathology. Cervical range of motion is noted to be significantly decreased. Upper extremity strength has been normal except pain inhibited weakness at the left finger flexor digitorum profundus 2-5. Sensation has been decreased on the left in a C6-C8 distribution. Cervical MRI imaging has demonstrated degenerative changes at C5-6 and C6-7 without clear focal neurological deficit. An initial physician reviewer concluded that the medical records do not clearly support the presence of a radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection, cervical, C5-6 under fluroscopy: 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 Injections Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Epidural Injections, page 46, recommends, "Radiculopathy must be documented by physical examination

and corroborated by imaging studies and/or electrodiagnostic testing." This patient does have some radicular findings on physical exam. It is not clear, however, that there are electrodiagnostic or radiographic findings to support a specific focal lesion or focal radiculopathy at C5-6. The treatment guidelines for radiculopathy have not been met, and these guidelines are particularly important to be met for the cervical region, when the guidelines are equivocal overall in terms of the benefit of cervical epidural injections. Indeed, the guidelines indicate that the goal of epidural injection is to facilitate active rehabilitation but that epidural injections do not specifically have long-term benefit on their own. Therefore, particularly for an injury dating back to 2004, the guidelines would anticipate a detailed rationale to support the reasoning for an epidural injection. For these reasons, this request is not medically necessary.