

Case Number:	CM13-0008797		
Date Assigned:	11/08/2013	Date of Injury:	03/15/2002
Decision Date:	08/01/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/09/2013

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 59-year-old female, who sustained an injury to her neck on 03/15/02. The mechanism of injury was not documented. The injured worker described her pain as a deep dull ache in the neck, left greater than right that radiates downwards with associated right greater than left bilateral upper extremity weakness, heaviness and numbness of the right hand. She rated the current pain level 5-6/10 on the visual analog scale. The physical examination noted left trapezius tenderness with axial compression; tenderness to palpation in the trapezial area; muscle spasm not noted; cervical range of motion restricted; upper extremity reflexes 1+ in the left; upper extremity sensation diminished over the C4 dermatome, C5 dermatome; motor strength 5/5 in all upper extremity muscle groups; range of motion of the bilateral upper extremities within normal limit. There was no imaging study provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection with epidurography and intravenous (IV) sedation:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guides, Radiculopathy.

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

Decision rationale: The Chronic Pain Guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no imaging report provided for review that would correlate with recent physical examination findings of an active radiculopathy at any level in the cervical spine. The level/laterality was not specified in the request. The guidelines also indicate that the injured worker must be initially unresponsive to conservative treatment (exercise, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants). There was no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. Furthermore, there was no indication of the injured worker suffering from extreme anxiety or having a needle phobia that would warrant the use of intravenous (IV) sedation. Given this, the request for cervical epidural steroid injection with epidurography and IV sedation is not indicated as medically necessary.