

Case Number:	CM13-0013458		
Date Assigned:	11/27/2013	Date of Injury:	07/26/2012
Decision Date:	03/07/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/19/2013

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 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 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 55-year-old male who reported a work related injury on 07/26/2012, the specific mechanism of injury not stated. The clinical note dated 07/22/2013 reported the patient was status post a cervical epidural steroid injection and reported a significant improvement in his symptoms status post the injection. Upon physical exam of the patient, 75% of expected normal range of motion was noted throughout. The provider documented the patient reports continued localized neck discomfort but much of the radiating arm and numbness have resolved. The provider recommended authorization to proceed with a second cervical 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 Steroid Injection, #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The current request is not supported. Clinical documentation submitted for review fails to evidence objective findings of functional improvement status post an epidural steroid injection performed prior to 07/22/2013. The clinical note dated 06/05/2013 preinjection

documented the patient presented with 75% range of motion about the cervical spine. Status post the injection on clinical note 07/22/2013 the provider documented the patient presented with 75% of expected normal range of motion. The provider documented the patient reported significant improvement in his symptomatology; however, the patient objectively upon functional exam presented with no improvements. Furthermore, California MTUS indicates radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The clinical notes failed to evidence a recent physical exam of the patient documenting objective findings of radiculopathy upon exam of the patient. In addition, California MTUS indicates in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief and associated reduction of medication use for 6 to 8 weeks with the recommendation of no more than 4 blocks per region per year. Given all the above, the request for cervical epidural steroid injection #2 is not medically necessary nor appropriate.