

Case Number:	CM13-0016374		
Date Assigned:	06/16/2014	Date of Injury:	01/08/2010
Decision Date:	08/14/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/26/2013

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, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of January 8, 2010. A utilization review determination dated August 5, 2013 recommends noncertification of a cervical interlaminar epidural injection, Flexeril prescription, and Percocet prescription. An operative report dated February 26, 2013 indicates that a cervical epidural steroid injection with cervical epidurogram was performed. A progress report dated July 18, 2013 identifies subjective complaints indicating that the patient underwent a cervical epidural steroid injection on February 26, 2013 with 70% pain relief for 2 months. The patient complains of neck pain and pain radiating into the left upper extremity. The patient is not a surgical candidate and continues to use medication for pain control. Objective examination findings identify tenderness to palpation around the cervical spine with reduced range of motion. Spurling's maneuver causes pain radiating into the left upper extremity. Diagnoses include chronic neck pain and cervical radicular pain. The treatment plan recommends repeat cervical epidural injection on the left at C7-T1 under fluoroscopic guidance. An MRI of the cervical spine dated August 3, 2012 identifies no neural foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 C7-T1 INTERLAMINAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 - Epidural steroid injections ESIs Page(s): 46.

Decision rationale: Regarding the request for repeat cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy with findings in a dermatomal or myotomal distribution (at the proposed level of the epidural). Furthermore, the MRI does not support radiculopathy at the proposed level of the epidural steroid injection, and no electrodiagnostic studies were provided. Finally, there is no indication that the previous epidural steroid injection provided any of objective functional improvement. In the absence of such documentation, the currently requested repeat CESI is not medically necessary.