

Case Number:	CM13-0018105		
Date Assigned:	10/11/2013	Date of Injury:	08/18/2008
Decision Date:	01/14/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/28/2013

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 Anesthesia, has a subspecialty in Pain Medicine 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:

41 y/o female injured worker with a DOI of 8/18/2008 has reported neck pain with radiation into the arm. The UR determination was made on 7/15/13 (and they evaluated medical necessity for "bilateral intra-laminar epidural steroid injection at C3/4") and the most recent record available for their review was 6/20/2013. The most recent record available for my review is 8/22/13 and the physical exam on that date demonstrated 5/5 strength in all UE myotomes and diminished reflexes and diminished sensation in cervical dermatomes. That is the only record available for my review and it cites that on 7/30/13 provider requested authorization for right C2/3 facet joint injection. On 9/19/13 this was requested again. She has had cervical spine surgery in the past. She was refractory to medication management with opiates and neuropathic analgesics. UR physician cited a physical exam which demonstrated slight weakness and reduction in sensation in cervical dermatomes. MRI C/S 7/11 demonstrated moderate central canal stenosis from C3 through C6 (this may have been prior to cervical laminectomy).

IMR ISSUES, DECISIONS AND RATIONALES

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

C3/4 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30, Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation ODG for low back.

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

Decision rationale: The only record available for my review does substantiate the diagnosis of radiculopathy. Above mentioned citation conveys that medical necessity for epidural steroid injection requires documentation of radiculopathy, which is defined as weakness or diminished reflexes associated with the relevant dermatome. The finding of diminished reflexes is documented, but there is neither recent EMG/NCS nor MRI C/S to correlate (the MRI result documented is not relevant to the clinical scenario at hand as it was pre-surgical) so medical necessity is not affirmed for cervical epidural steroid injection.