

Case Number:	CM13-0021137		
Date Assigned:	10/11/2013	Date of Injury:	02/05/2003
Decision Date:	01/16/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	09/06/2013

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. 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 49-year-old male who reported an injury on 2/5/03. The patient is currently diagnosed with cervical discogenic syndrome, lumbar discogenic syndrome, muscle spasm, cervical radiculopathy, cervical nerve root compression, insomnia, and fibromyalgia. The patient was recently seen by [REDACTED] on 7/16/13; he reported persistent pain and numbness in the right upper extremity. Physical examination revealed muscle spasm in the lower back, bilateral leg pain, tingling in the right arm in the C6 distribution, and decreased neck and right arm pain. The patient also demonstrated fibrosis and trigger points in the neck, shoulders, and low back. Treatment recommendations included continuation of current medications and a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for cervical epidural steroid injections with anesthesia (#2 and #3, C4-C5 bilateral): 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 California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment, including exercises, physical methods, NSAIDs, and muscle relaxants. As per the clinical notes submitted, the patient was scheduled for the initial cervical epidural steroid injection on 7/30/13. The current request is for the second and third epidural steroid injections. The California MTUS Guidelines state that repeat injections are based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks; the patient does not meet these criteria. Therefore, the current request cannot be determined as medically appropriate.