

Case Number:	CM13-0021939		
Date Assigned:	11/13/2013	Date of Injury:	10/10/2011
Decision Date:	01/24/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/06/2013

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:

The patient is a 40-year-old male who sustained a work-related injury on 10/10/2011. The clinical information indicates the patient has undergone physical therapy, acupuncture, splinting, participated in a home exercise program, used a TENS unit, and medication management. The electrodiagnostic study submitted for review was without evidence of a neuromuscular disease. The most recent evaluation dated 07/10/2013 documented subjective complaints of pain at the occiput base of the with radiation down the right arm into digits 1, 2, and 3 and painful, numb, and radiating sensation and muscle spasm into the upper trapezius. The patient rated his pain 8/10 during flare up. The patient's medications included Relafen. Physical examination revealed positive Spurling's on the right, motor exam within normal limits, and intact sensation. Hoffmann's sign was mildly positive on the right. The patient's diagnoses included cervical spondylosis, cervical strain, and bilateral ulnar entrapment status post cubital tunnel decompression. The treatment plan included recommendation of a cervical epidural with concurrent physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C7 Epidural Injection 62298: Upheld

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

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

Decision rationale: CA MTUS guidelines for epidural steroid injections state that "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the patient should be "initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The clinical information submitted for review lacked documentation of objective findings suggestive of radiculopathy, and the electrodiagnostic study submitted did not corroborate a radiculopathy diagnosis. There is indication that the patient has attempted lower levels of conservative care but no documentation submitted for review to suggest failure lower levels of conservative care. Therefore, based on the lack of documentation that supports the criteria for the use of epidural steroid injections, the request for right C7 epidural injection (62298), is non-certified.