

Case Number:	CM13-0026258		
Date Assigned:	11/22/2013	Date of Injury:	12/28/2010
Decision Date:	01/27/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/18/2013

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 Anesthesiology, and is licensed to practice in Florida. 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 female who reported an injury on 12/28/2012 and has an unknown date of birth. The patient's diagnosis is cervical stenosis. Her symptoms include neck pain. Objective findings include tenderness in the cervical spine, pain with range of motion of the cervical spine and normal motor strength to the bilateral upper extremities. It was also noted that the patient had normal sensation and decreased reflexes bilaterally. It was noted that the patient had received 2 previous epidural steroid injections and had reported good results. The patient had reported that the second injection had significantly reduced her tremendous pain down her right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat cervical epidural steroid injection (CESI) - C5-6 (3rd in series): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 49.

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

Decision rationale: The California MTUS Guidelines state that the criteria for use of epidural steroid injections include that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and that the patient needs to

have been initially unresponsive to an adequate course of conservative treatment, including exercises, physical methods, NSAIDs and muscle relaxants. Additionally, the guidelines state that current research does not support a "series of 3" injections for either the diagnostic or the therapeutic phases. No more than 2 epidural steroid injections are recommended. The patient was noted to have symptoms of radicular pain into her right upper extremity. However, the patient's recent physical exam findings were negative for signs of radiculopathy and included electrodiagnostic study results that were negative as well. The patient was not shown to meet the criteria for epidural steroid injections by the guidelines. Additionally, as the patient was shown to have had 2 previous epidural steroid injections, and no more than 2 are recommended; the request is not supported. Therefore, the request is non-certified.