

Case Number:	CM13-0030015		
Date Assigned:	11/27/2013	Date of Injury:	10/06/2010
Decision Date:	05/16/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/26/2013

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 & 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 39-year-old female who reported injury on 10/16/2010. The mechanism of injury was not provided. The patient was noted to undergo a cervical epidural steroid injection at the level of C7-T1 on 03/20/2013. The patient was noted to have pain on palpation over the spinous process at C7-T1. The patient's diagnoses were noted to include cervical sprain/strain, cervical multiple disc herniation, cervical neuritis of the bilateral upper extremities, and cervical radiculitis/radiculopathy of the bilateral upper extremities. The request was made for cervical epidural steroid injection for positive signs and symptoms of radiculitis and radiculopathy of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (CESI) UNDER FLUOROSCOPY CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION EPIDURAL STEROID INJECTIONS (ESI), Page(s): 46.

Decision rationale: The California MTUS guidelines recommend for repeat Epidural Steroid Injection, there must be objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. There was noted to be increased tone in the right and left trapezius with point tenderness in the form of severe myofascial pain on deep palpation with severe guarding. The cervical compression test was noted to be positive as was the cervical distraction test. The Adson's test was noted to be positive. The clinical documentation submitted for review indicated the employee had positive findings upon examination; however, there was a lack of documentation indicating the employee had objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks after the epidural steroid injection in 03/2013. Additionally, according to the physician note, the level being requested was C7-T1. Given the above and the lack of clarification, the request for CESI under fluoroscopy for the cervical spine is not medically necessary.