

Case Number:	CM13-0030181		
Date Assigned:	11/27/2013	Date of Injury:	02/03/2011
Decision Date:	03/12/2014	UR Denial Date:	09/06/2013
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 Family Practice, and is licensed to practice in Texas. 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.

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 52-year-old female who reported an injury on 02/03/2011. The mechanism of injury was not provided. The clinical documentation submitted for review indicated the patient had an MRI of the cervical spine on 07/05/2011 which revealed mild disc desiccation with mild bilateral foraminal narrowing at C6-7, and moderate disc desiccation with mild left foraminal narrowing at C4-5 and C5-6. Additionally, the documentation indicated the patient had an electrodiagnostic study dated 09/08/2011 which was negative for cervical radiculopathy. Per the AME dated 06/25/2013, the patient's diagnoses included strain/sprain of the cervical spine, right shoulder, and right wrist/hand. The request was made for a cervical epidural steroid injection at an unspecified level per the Application for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Upheld

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

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

Decision rationale: California MTUS guidelines recommend for an epidural Steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative

treatment. There was a lack of documentation of an objective physical examination, official copies of the MRI and/or electrodiagnostic studies and documentation of conservative treatment. The request, as submitted, failed to indicate the laterality and the level. Given the above, the request for cervical epidural steroid injection at an unspecified level is not medically necessary.