

Case Number:	CM13-0030198		
Date Assigned:	11/27/2013	Date of Injury:	06/30/2011
Decision Date:	01/28/2014	UR Denial Date:	09/20/2013
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 underlying date of injury in this case is 06/30/2011. The mechanism of injury is a motor vehicle accident. The treating diagnosis is cervical radiculopathy. MRI imaging of the cervical spine of 06/11/2012 demonstrated multilevel bulging with disc narrowing at C3-C7. This study demonstrated effacement at C4-C7 anteriorly and posteriorly at C4-C5. The patient was seen in pain management evaluation 07/16/2013 and reported cervical radicular pain with numbness, weakness, and tingling as subjective symptoms, although no specific neurological deficit was noted on exam. The patient was felt to have multilevel disc bulges and herniations with associated cervical radicular pain. The treating physician recommend a cervical epidural injection, followed by physical therapy, and leading to a home exercise program. An initial physician reviewer noted that this patient did not have focal neurological findings to support an indication for an epidural steroid injection. The reviewer also noted that the guidelines also recommend up to 2 post-injection visits but not up to 12 visits as requested at this time. An agreed medical examination report of 01/16/2013 opined that the patient was permanent and stationary since there was no surgical indication and since he had previously received physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection (C7-T1 OK per [REDACTED]) with fluoroscopy with dye enhancement (CESI): Upheld

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

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

Decision rationale: The MTUS guidelines indicate, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain... Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The medical records at this time outline multilevel findings on MRI imaging without any clear focal imaging findings and without any specific localizing symptoms or neurological exam findings. The treatment guidelines do not support an epidural injection in this situation without clear supporting evidence for radiculopathy. This request is not medically necessary.

Physical Therapy post cervical epidural 2x 4-6 weeks for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web edition, Neck: Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The MTUS guidelines recommend, "Allowing for fading of treatment frequency plus active self-directed home Physical Medicine." The medical records indicate this employee previously attended physical therapy. A course of post-injection physical therapy, as requested, would not be indicated since this requested epidural injection has been found to be not medically necessary. The records do not provide an alternate rationale for physical therapy at this time. Therefore, this request is not medically necessary.