

Case Number:	CM13-0030382		
Date Assigned:	11/27/2013	Date of Injury:	11/24/2010
Decision Date:	01/30/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/30/2013

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 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. 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 62-year-old male who reported an injury on 11/24/2010. The mechanism of injury was noted to be a stunt car rollover. The patient was noted to have a rotator cuff repair on 06/16/2011 and a Mumford procedure in 02/2012. The patient was noted to have an EMG/NCV which revealed right cervical radiculitis. He was noted to have physical therapy prior to the requested injection and a positive spasm bilaterally in the neck, a positive Tinel's in the median nerve distribution bilaterally and a positive Phalen's bilaterally. The patient's strength was noted to be 5/5 bilaterally. Reflexes were noted to be 2+ bilaterally, and the patient's sensory examination was noted to be normal. The request was made for a cervical epidural steroid injection right paramedian approach at C7-T1. ã¿

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection RT paramedian approach at C7/T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review failed to provide the official MRI report. The patient was noted per the EMG to have cervical radiculitis, and objective findings upon examination failed to indicate that the patient had positive findings of myotomal and dermatomal findings to support the diagnosis of radiculopathy. Additionally, there was a lack of an official read for the MRI to indicate findings of radiculopathy. Consequently, the request for a cervical epidural steroid injection with a right paramedian approach at C7-T1 is not medically necessary and appropriate.