

Case Number:	CM13-0030600		
Date Assigned:	11/27/2013	Date of Injury:	06/23/2010
Decision Date:	01/21/2014	UR Denial Date:	09/20/2013
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 Family Practice 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 45-year-old female who reported an injury on 06/23/2010. The patient is currently diagnosed with pain in the joint of the shoulder, degeneration of cervical disc, and cervical spinal stenosis. The patient was recently evaluated on 09/05/2013. The patient reported worsening neck and left upper extremity pain. Physical examination revealed painful range of motion, palpable tenderness, increased muscle tone of the trapezius, and positive Spurling's maneuver. The patient also demonstrated diminished sensation to light touch of the left upper extremity, and diminished grip strength. Treatment recommendations included a C5-6 cervical epidural steroid injection with myelography, epidurogram, insertion of cervical catheter, fluoroscopic guidance, and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 Cercical Epidural Steroid Injection: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies. Repeat blocks are based on continued objective documented pain and functional improvement. As per the clinical notes submitted, the patient has undergone a cervical epidural steroid injection on 02/05/2013, which provided 30% pain reduction. However, documentation of 50% pain relief with associated reduction of medication use for 6 to 8 weeks following the injection was not provided. Therefore, a repeat injection is not supported at this time. As such, the request is non-certified.

Cervical myelography: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: As the requested cervical epidural steroid injection is not approved at this time, the additional services including myelography, epidurogram, fluoroscopy, and IV sedation are also not medically necessary at this time. The request is non-certified.

Cervical epidurogram: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: As the requested cervical epidural steroid injection is not approved at this time, the additional services including myelography, epidurogram, fluoroscopy, and IV sedation are also not medically necessary at this time. The request is non-certified.

Insertion of cervical catheter: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: As the requested cervical epidural steroid injection is not approved at this time, the additional services including

myelography, epidurogram, fluoroscopy, and IV sedation are also not medically necessary at this time. The request is non-certified.

Fluoroscopic guidance IV sedation: Upheld

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

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

Decision rationale: As the requested cervical epidural steroid injection is not approved at this time, the additional services including myelography, epidurogram, fluoroscopy, and IV sedation are also not medically necessary at this time. The request is non-certified.