

Case Number:	CM13-0031497		
Date Assigned:	12/04/2013	Date of Injury:	01/28/2010
Decision Date:	01/14/2014	UR Denial Date:	09/28/2010
Priority:	Standard	Application Received:	10/03/2013

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 Anesthesiology and Pain Management 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:

56 year old female with an injury date of 1/28/10 has been suffering from back, neck, and pain in a radicular pattern. A 1/11 MRI of the cervical spine (C/S) demonstrates disc bulging at C4/5 and C6/7. She has been refractory to treatment with PT, medications (tramadol and ibuprofen), and lumbar epidural steroid injection. Right C6 and C7 dermatome sensation was altered.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical epidural injection under fluoroscopic guidance: Upheld

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

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

Decision rationale: I reviewed the documentation and request for cervical epidural steroid injection. Above mentioned citation conveys that medical necessity for epidural steroid injection requires documentation of radiculopathy, which is defined as weakness or diminished reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed.