

Case Number:	CM13-0032614		
Date Assigned:	12/11/2013	Date of Injury:	02/17/2012
Decision Date:	02/10/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who sustained a work-related injury on 02/17/2012. Subjectively, the patient reported complaints of neck pain with radiation into the bilateral upper extremities and bilateral shoulders. The patient's diagnoses included 1st carpometacarpal synovitis, de Quervain's, and tenosynovitis of the left hand status post release; lateral epicondylitis on the left; de Quervain syndrome on the right; arthritis; and myofascial pain. Physical examination of the cervical spine revealed limited range of motion secondary to increased pain, tightness, and stiffness. The patient was noted to have tenderness over the cervical facets with positive provocation test as well as trigger points bilaterally. An unofficial report of an MRI of the cervical spine revealed a 2 mm to 3 mm disc osteophyte complex which indented the anterior cord with moderate narrowing of the left side of the canal as well as moderate to severe bilateral neural foramina laterally. A request for authorization for a cervical epidural steroid injection at C6-7 times 1 was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C6-7 x 1: Upheld

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

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

Decision rationale: CA MTUS Guidelines for the use of epidural steroid injections state that "radiculopathy must be documented on physical exam, corroborated by imaging study and/or electrodiagnostic testing, and should be initially unresponsive to conservative treatment." While the unofficial reports of the imaging study indicated moderate narrowing of the left side of the canal and moderate to severe bilateral neural foramina laterally, there was no clinical correlation suggestive of radiculopathy pathology as physical examination findings were negative for neurological deficits, decreased sensation, or motor weakness. Additionally, the electrodiagnostic study was within normal limits. Therefore, based on the lack of documentation that supports the criteria for the use of epidural steroid injections, the request for cervical epidural steroid injection at C6-7 times 1 is non-certified.