MAXIMUS Federal Services

Case Number:	CM13-0034186		
Date Assigned:	12/06/2013	Date of Injury:	02/24/2013
Decision Date:	02/03/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/15/2013

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 Orthopedic Surgery, 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:

This is a 38-year-old female suffered a vocationally related injury to her neck on February 24, 2013. Reportedly, she has been treated for neck and upper extremity pain. Reportedly, she carries the diagnosis of radiculopathy. Request is to determine the medical necessity of cervical epidural steroid injections at C4-5, C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection of C4,C5,C6, andC7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines state that individuals can be considered reasonable candidate for epidural steroid injections when they have clearcut evidence of radiculopathy. This includes both objective findings on examination and neural compressive lesion on imaging. This would be consistent with the exam findings. They should also have failed conservative care. The records in this particular case describe vague complaints without objective evidence of radiculopathy. Notes suggest 4/5 weakness in the upper extremity but does not describe specific

motor groups involved. Furthermore, the MRI scan report from July 1, 2013 reveals mild neural foraminal stenosis at C3-4 but no significant neural foraminal stenosis at C4-5, C5-6 or C6-7. Based on the information provided, there is no convincing evidence of radiculopathy. The patient thus would not be considered a reasonable candidate for the epidural steroid injections. Of note, in addition to the above stated rationale, the MTUS Guidelines specifically state that no more than two levels can be injected at one time. Clearly, this request is more than that which would further support the adverse determination in this case.