

Case Number:	CM13-0034801		
Date Assigned:	12/11/2013	Date of Injury:	06/26/1997
Decision Date:	02/05/2014	UR Denial Date:	09/19/2013
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 Physical Medicine & Rehabilitation 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 52-year-old male who reported injury on 06/26/1997. The mechanism of injury was noted to be the patient developed neck pain after mixing chemicals and lifting containers, and operating different machines. The patient indicated they had pain that shot into the right upper extremity and caused numbness and tingling of the fingers. The patient was noted to have localized pain in the posterior neck, as well as the upper back area. Per the documentation, it was indicated the patient had an MRI of the cervical spine. The patient's diagnoses were noted to include multilevel cervical disc protrusions at C4-5, C5-6, and C6-7 with neural foraminal stenosis, right cervical radiculopathy at C6 and C7, and chronic pain syndrome. A request was made for a cervical epidural steroid injection at the right C5-6 and C6-7 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A cervical epidural steroid injection at the right C5-6 and C6-7 with fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: California MTUS guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The patient was noted to have diminished sensation over the right C6 and C7 nerve distribution. The patient was noted to have moderate tenderness to palpation over the right C5-6 and C6-7 cervical interspaces. Clinical documentation submitted for review indicated the patient had objective findings at C6-C7. There was a lack of findings at C5. Additionally, it failed to corroborate the radiculopathy with imaging studies, as there was a lack of the official copy of the MRI. Additionally, it failed to indicate that the patient was unresponsive to conservative treatment. Given the above, the request for cervical epidural steroid injection at right C5-6 and C6-7 under fluoroscopy is not medically necessary.