

Case Number:	CM13-0041059		
Date Assigned:	12/20/2013	Date of Injury:	03/01/2010
Decision Date:	03/04/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/10/2013

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 and 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:

This 51 year-old male sustained an injury on 3/1/10. Request under consideration include Cervical Epidural Steroid Injection. Report of 9/24/13 from [REDACTED] noted patient with complaints of persistent pain and stiffness located in the neck, lower back, and right shoulder with numbness and tingling sensations in bilateral upper extremities. The pain improves with injections and medications. Exam of the neck showed TTP posteriorly, full ROM with mild to moderate pain on rotation; negative Spurling's; sensation is diminished (unspecified dermatome); absent reflex on left biceps C5-6; decreased hand grasp on right. Medications include ibuprofen and Hydrocodone. MRI of cervical spine on 4/12/10 not provided has reported multi-level DDD and foraminal narrowing at C4-7. Diagnoses include cervical sprain; lumbosacral sprain; cervical radiculopathy/ spondylosis. Treatment for CESI was non-certified on 10/2/13 citing guidelines criteria and lack of medical necessity.

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: 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 Page(s): 47.

Decision rationale: This 51 year-old male sustained an injury on 3/1/10. Request under consideration include Cervical Epidural Steroid Injection. Report of 9/24/13 from [REDACTED] noted patient with complaints of persistent pain and stiffness located in the neck, lower back, and right shoulder with numbness and tingling sensations in bilateral upper extremities. The pain improves with injections and medications. Exam of the neck showed TTP and absent biceps reflex; otherwise with negative Spurling's without specified neurological deficits on motor and sensory evaluation consistent with myotomal and dermatomal pattern for radiculopathy. MRI of cervical spine on 4/12/10 (no radiological interpretation provided) has reported multi-level DDD and foraminal narrowing at C4-7. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. The patient had undergone previous injections as noted by provider with reported pain relief; however, submitted reports have not adequately demonstrated any significant quantified pain relief or functional improvement in terms of medication dosing decrease, increased ADLs, or decrease in medical utilization for this 2010 injury with chronic pain complaints. The Cervical Epidural Steroid Injection is not medically necessary and appropriate.