

Case Number:	CM13-0041719		
Date Assigned:	01/15/2014	Date of Injury:	03/11/2002
Decision Date:	03/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

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, has a subspecialty in Pain Management and is licensed to practice in New York. 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 58-year-old female who reported injury on 03/11/2002. The mechanism of injury was noted to be the patient was lifting a box. The patient had a cervical epidural steroid injection on 04/16/2012 at left C6 and C7. The most recent clinical examination revealed the patient had complaints of her right elbow pain. Objectively, the patient had Tinell's at the right elbow. The patient was noted to have a prior MRI of the right elbow on 01/22/2011, which revealed moderate degenerative changes with a spur. The patient had a positive foramina compression test and shoulder depressor test. The diagnoses were noted to include cervical spine disc bulge and right elbow surgery on 01/31/2006. The request was made for an MRI of the right elbow and a referral for consult and treatment for pain management to include cervical epidural injections and abdominal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Epidural Steroid Injection Section Page(s): 46.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recommend a repeat epidural steroid injection should have documented objective pain and functional improvement, which includes at least 50% pain relief with associated reduction in medication use for 6 weeks to 8 weeks. The clinical documentation indicated the patient had a prior epidural steroid injection; however, there is a lack of documentation indicating the laterality as well as the level of the injection. Additionally, there was lack of documentation of the above requirements. The request as submitted failed to indicate the laterality or the level for the cervical epidural steroid injection that was requested. Additionally, there was a lack of documentation indicating specific myotomal and dermatomal findings to support an epidural steroid injection. Given the above, the request for Cervical Epidural Steroid Injection is not medically necessary.