

Case Number:	CM13-0042668		
Date Assigned:	12/27/2013	Date of Injury:	02/16/2012
Decision Date:	04/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 expert 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 patient with a date of injury of 2/16/12. A utilization review determination dated 10/21/13 recommends non-certification of CESI. The 9/9/13 medical report identifies pain in right shoulder, cervical spine, and right wrist, tingling and numbness of right hand, dropping objects, unable to perform ADLs, increased pain with overhead actions. On exam, tenderness and swelling of the right hand/wrist with positive Tinel's/Phalens, tenderness and swelling of the right shoulder with decreased ROM and positive impingement testing, and cervical spine tenderness and spasms with decreased ROM. The 9/30/13 medical report identifies positive pain in C5 and C6 distributions "positive for radiculopathy." The 11/27/12 cervical spine MRI identifies a 1mm disc protrusion at C4-5 impinging the ventral cord, C5-6 2-3 mm disc bulge mildly compressing the cord and contributing to mild-moderate spinal canal stenosis and moderate-severe right foraminal stenosis, and C6-7 2-3 mm left paracentrally protruded disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid I.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIS) page 46 Page.

Decision rationale: Regarding the request for cervical spine epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, the MRI does show significant findings, but there are no recent physical examination findings supporting a diagnosis of radiculopathy. Furthermore, the level(s)/side(s) proposed for the injection are not specified. In light of the above issues, the currently requested cervical spine epidural steroid injection is not medically necessary.