

Case Number:	CM13-0042719		
Date Assigned:	12/27/2013	Date of Injury:	02/02/2013
Decision Date:	02/19/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/18/2013

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 Medicine and is licensed to practice in Oklahoma and Texas. 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 62-year-old male who reported an injury on 02/02/2009. The patient is currently diagnosed with cervical spinal stenosis, displacement of cervical intervertebral disc without myelopathy, cervical radiculopathy, cervical facet joint syndrome/hypertrophy, and myalgia. The patient was seen by [REDACTED] on 08/27/2013. The patient reported persistent neck pain traveling to the upper back and bilateral shoulders. Physical examination revealed sensory deficit in the anterolateral shoulder and arm on the right with distorted superficial tactile sensibility corresponding to the C5 dermatome, sensory deficit in the C6 dermatome, sensory deficit in the C7 dermatome, sensory deficit in the C8 dermatome, tenderness to palpation with muscle guarding and spasm bilaterally, and positive distraction test, Spurling's test, and foraminal compression test. Treatment recommendations included a second diagnostic cervical epidural steroid injection at 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:

Diagnostic Epidural Steroid injection at C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the clinical documentation submitted, the patient has previously undergone an epidural steroid injection on 08/15/2013. The patient experienced no change in the level of pain, and reported an inability to restore function. The patient reported similar pain frequency as before the initial injection. Without documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks following the initial injection, a repeat injection cannot be determined as medically appropriate. Additionally, there is no documentation of this patient's recent failure to respond to conservative treatment. Based on the clinical information received, the Decision for Diagnostic Epidural Steroid injection at C5-6 and C6-7 is not medically necessary and appropriate is non-certified.