

Case Number:	CM13-0045946		
Date Assigned:	12/27/2013	Date of Injury:	05/20/2010
Decision Date:	03/20/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/13/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 an injury on 05/20/2010. Her diagnoses include status post C4-5 fusion, residual cervical stenosis, and residual radiculopathy. The physician's report dated 06/11/2013 indicated that the patient had an anterior cervical discectomy and fusion of C4-5 done in February 2011. The note stated her symptoms returned after the surgery with pain rated at 10/10. The note also indicated that she has had physical therapy and epidurals, which have not been helpful. The clinic note dated 09/20/2013 reports that the patient continued to have neck and arm pain. The note reported her CT myelogram demonstrated a right-sided osteophyte at C4-5 with foraminal stenosis and left-sided osteophyte at C6-7 with foraminal stenosis. The note stated she had no cord compression or pseudoarthrosis and was recommended for a cervical injection. The physician report from 10/18/2013 did not provide any additional information regarding the patient's condition but reiterated the recommendation for the injection to avoid surgical intervention.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that criteria for the use of epidural steroid injections must include documentation of radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation must indicate that the patient has been unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). The documentation submitted did not provide physical exam findings to support evidence of radiculopathy. Also, the documentation submitted did not provide evidence that conservative treatments failed to provide the patient sufficient pain relief or functional improvement. Therefore, the requested cervical epidural steroid injection is not medically necessary or appropriate.