

Case Number:	CM13-0046139		
Date Assigned:	12/27/2013	Date of Injury:	05/07/2007
Decision Date:	03/11/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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 is a 35-year-old female sustained a cervical spine injury on 5/7/07. The clinical records provided for review included a 9/12/13 pain management evaluation by [REDACTED] who documented that the claimant continued with lumbar and cervical complaints. Physical examination by [REDACTED] was documented to show diminished pinprick sensation in the right C5 and C6 dermatomal distribution, diminished right grip strength and limited abduction of the shoulder. The claimant was diagnosed with radiculopathy. No documentation of imaging reports was available for review with regard to the claimant's cervical spine. There is a request for a C5-6 fluoroscopically guided cervical epidural steroid injection with notation that prior treatment included therapy, medication management, and work modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection C5-6 under fluoroscopy and anesthesia x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on California MTUS Chronic Pain 2009 Guidelines, a cervical epidural injection in this case would not be supported. Chronic Pain Guidelines clearly indicate that "radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The records provided for review do not identify any imaging studies of the cervical spine that would be indicative of a radicular process or neurocompressive process at the C5-6 level to corroborate the examination findings. Given the absence of documentation of radiculopathy on imaging to correlate with the examination, the need for an epidural injection procedure would not be supported.