

Case Number:	CM13-0046365		
Date Assigned:	12/27/2013	Date of Injury:	08/28/2000
Decision Date:	02/24/2014	UR Denial Date:	11/04/2013
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 Physical Medicine and Rehabilitation 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 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 66 year-old male sustained an injury on 8/28/00 while employed by [REDACTED]. Request under consideration include unknown epidural steroid injections. Report of 10/25/13 from [REDACTED] noted patient with neck pain radiating into his right arm; right shoulder pain and associated tension headaches on right side. There are complaints of shooting sensation down posterolateral arm into 2nd and 3rd fingers; aching and cramping of right shoulder. Exam noted tenderness of cervical paravertebral musculature on palpation and decreased cervical flexion and lateral bending; cervical nerve root compromise with pain radiating down right arm; abnormal sensation along right posterolateral arm into 2nd and 3rd fingers with normal motor strength and DTRs. Diagnoses include cervical degenerative disc disease at multiple levels, C2-3 down to C6-7; cervical radiculopathy down right arm; right shoulder degenerative joint disease and cervical spinal stenosis. Current medications include Percocet, Neurontin and flexeril to allow him to do his ADL. Pain noted 7/10 to 3-4/10 with medications. The request for unspecified epidural steroid injection was partially-certified for one cervical epidural injection on 11/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown epidural steroid injections: Upheld

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

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

Decision rationale: This 66 year-old male sustained an injury on 8/28/00 while employed by [REDACTED]. Report of 10/25/13 from [REDACTED] noted patient with neck pain radiating into his right arm; right shoulder pain and associated tension headaches on right side. Exam showed cervical tenderness, positive compression test with decreased sensation; however, with intact motor strength and reflexes throughout. Diagnoses include cervical degenerative disc disease at multiple levels, C2-3 down to C6-7; cervical radiculopathy down right arm; right shoulder degenerative joint disease and cervical spinal stenosis. The request for unspecified epidural steroid injection was partially-certified for one cervical epidural injection on 11/4/13. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Although there is no MRI or EMG/NCV presented, the patient exhibited radicular symptoms correlated with clinical exam findings whereby the request was partially-certified for one CESI. It is not clear if and when the patient has undergone the cervical epidural injection; however, submitted reports have not adequately demonstrated previous pain relief or functional improvement from injection previously rendered. The unknown epidural steroid injections are not medically necessary and appropriate.