

Case Number:	CM13-0047417		
Date Assigned:	12/27/2013	Date of Injury:	04/10/2012
Decision Date:	03/17/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

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 Pennsylvania. 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 claimant is a 48-year-old female with a reported injury date of 4/10/12. The claimant has a history of neck and right upper extremity pain. The pain is reported to radiate to the right forearm and into the right small and ring fingers. The records reviewed include multiple office visits which fail to document a thorough neurological exam evaluating different myotomes. One note suggests 4+/5 grip strength and two different notes report varied areas of diminished light touch sensation. Reflexes are noted to be symmetric at 1+ throughout. There is no consistent objective evidence of radiculopathy on exam to correlate with neurocompressive pathology on imaging studies. The records indicate that the claimant underwent a multitude of injections in August 2013 including both epidural injections and facet blocks at multiple levels. The claimant reportedly had improvements for 10-14 days after the injections that were given. Epidural steroid injections are now recommended at C5-6, C6-7, and C7-8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection, C5-6, C6-7 with C7-8, 622275, 76003: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

Decision rationale: The requested injections at these three levels cannot be recommended as medically necessary. The MTUS Guidelines require objective evidence of radiculopathy to correspond with neurocompressive pathology on imaging studies. In addition, according to the Official Disability Guidelines, repeat epidural injection is not recommended unless patients have at least 50% relief for at least 6-8 weeks with associated reduction of medication use. Furthermore, ODG Guidelines indicate that no more than two nerve root levels should be injected in any one session. For all of these reasons, the employee does not meet the MTUS ACOEM Guidelines or the Official Disability Guidelines for the request. The request, therefore, cannot be recommended as medically necessary.