

Case Number:	CM13-0048377		
Date Assigned:	12/27/2013	Date of Injury:	04/08/2013
Decision Date:	03/26/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

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 Anesthesiologist, 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 46-year-old female who sustained an unspecified injury on 04/08/2013. The patient had x-ray of her left wrist on 04/18/2013 which had no evidence of acute fracture or dislocation. The patient also had x-rays done of her left shoulder on 04/18/2013 which had no evidence of fracture and mild degenerative changes involving the acromioclavicular joint. The patient underwent a CT scan of the cervical spine on 07/10/2013 which had the impression of cervical spondylosis resulting in moderate left neural foraminal narrowing at C3-4 and mild bilateral neural foraminal narrowing at C4-5, the spinal and neural foramina were otherwise adequate throughout, nonspecific straightening of the normal cervical lordosis with minimal anterolisthesis at multiple levels which can represent muscle spasm. The patient underwent a common extensor tendon debridement and repair with partial osteotomy in the lateral epicondyle of the left elbow on 11/12/2013. The patient was evaluated on 11/22/2013 for left elbow pain. Examination of the left elbow was noted as the wound was well healed and distal motor and sensory were intact. There was no physical examination of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation ASIPP Guidelines and the Official Disability Guidelines (ODG)

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

Decision rationale: The request for cervical epidural steroid injection under fluoroscopy is non-certified. The documentation submitted for review did not include a current physical examination to include the cervical spine region. The California MTUS Guidelines recommend the use of epidural steroid injections as an adjunct treatment to a more active treatment program. The documentation submitted for review did not indicate the patient had an adjunct of physical therapy or a more active treatment program. The guidelines further state that epidural steroid injections are for patients with radiculopathy that is corroborated with physical examination and imaging studies. The documentation submitted for review did not indicate the patient had any physical examination findings of radiculopathy. It is additionally noted the patient did not have any documented conservative care in relation to the cervical spine. The guidelines recommend the use of epidural steroid injections in patients who are initially unresponsive to conservative treatment. Furthermore, the request for epidural steroid injection for the cervical spine did not specify at which level the injection would be administered. Given the information submitted for review, the request for cervical epidural steroid injection under fluoroscopy is non-certified.