

Case Number:	CM13-0049366		
Date Assigned:	12/27/2013	Date of Injury:	04/21/2010
Decision Date:	03/06/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/08/2013

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 & 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 52 year-old male sustained an injury when he tripped on a pipe and fell on 4/21/10 while employed by [REDACTED]. A report dated 5/21/13 noted neck pain level of 4/10 with limited cervical range flexion/ext/rotation 30/20/40/50. At follow-up on 7/22/13, after the cervical epidural steroid injection on 7/9/13, the patient reported 60% improvement with exam findings of cervical flex/ext/rotation 40/30/40/50. Norco was refilled without change in dosing. A report dated 10/4/13 from [REDACTED] noted the patient with complaints of intermittent neck pain 5/10 with occasional radiation to bilateral upper extremities; low back pain 4/10 with radiation to bilateral lower extremities; less radicular symptoms since his epidural steroid injection; dull right wrist and hand pain 4/10. Exam showed positive Spurling's; decreased range of motion to 50% normal with pain. Treatment included repeat of CESI which was non-certified on 10/25/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at bilateral C6-7 with fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 47.

Decision rationale: MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. The patient had undergone previous injections most recently in July 2013; however, submitted reports have not adequately demonstrated any significant pain relief or functional improvement from multiple prior injections rendered. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged with the patient. Cervical epidural steroid injection bilaterally C6-7 with fluoroscopy is not medically necessary and appropriate.