

Case Number:	CM13-0049409		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2010
Decision Date:	03/12/2014	UR Denial Date:	10/27/2013
Priority:	Standard	Application Received:	11/07/2013

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 47 year-old female sustained an injury on 11/1/10. Request under consideration include 1 series of 3 Epidural Steroid Injections in close sequence. Report of 10/22/13 from [REDACTED] noted no subjective complaints. Objective findings included restricted cervical range of motion, an equivocal Spurling's test on right and tenderness to palpation in right trapezius and cervical paraspinal muscles. Diagnoses included cervical radiculopathy and trapezial/ paraspinal strains. MRI of cervical spine on 9/14/12 revealed C5-6 foraminal stenosis. EMG on 6/27/12 did not reveal any cervical radiculopathy. Recent treatment has included multiple medications and one cervical epidural injection. Request for above was non-certified on 10/27/13 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:

Prospective Request for 1 series of 3 EPIDURAL STEROID INJECTIONS: Upheld

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

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

Decision rationale: This 47 year-old female sustained an injury on 11/1/10. Request under consideration include 1 series of 3 Epidural Steroid Injections in close sequence. Report of 10/22/13 from [REDACTED] noted no subjective complaints. Objective findings included restricted cervical range of motion, an equivocal Spurling's test on right and tenderness to palpation in right trapezius and cervical paraspinal muscles. Diagnoses included cervical radiculopathy and trapezial/ paraspinal strains. MRI of cervical spine on 9/14/12 revealed C5-6 foraminal stenosis. EMG on 6/27/12 did not reveal any cervical radiculopathy. Recent treatment has included multiple medications and one cervical epidural injection. 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). Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing which is not seen here. There are no subjective radicular complaints or neurological deficits identified on clinical examination. Additionally, diagnostics are inconclusive for clear stenosis and nerve impingement. The patient had undergone previous injection; however, submitted reports have not adequately demonstrated any significant pain relief or functional improvement from prior treatment rendered. Guidelines also do not recommend series of injections without demonstrated functional improvement. The Prospective Request for 1 series of 3 Epidural steroid injections in close sequence is not medically necessary and appropriate.