

Case Number:	CM13-0052886		
Date Assigned:	12/30/2013	Date of Injury:	11/17/2009
Decision Date:	03/14/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Spine Surgery, and is licensed to practice in Texas, Montana and Tennessee. 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 44-year-old female who reported an injury on 11/17/2009. The mechanism of injury was noted as the patient slipped and fell while running after a child and was subsequently diagnosed with cervical stenosis and cervical radiculopathy. The patient has undergone a previous cervical transforaminal epidural steroid injection at the C5-6 level performed on 06/21/2013. The patient has also undergone a left ankle arthroscopy, repair of the calcaneal fibular ligament, and the anterior talofibular ligament performed on 01/21/2013. Lastly, she underwent an anterior lumbar discectomy on 05/31/2012 with subsequent physical therapy, utilization of a boot, and diagnostic procedures. The patient was most recently seen on 01/17/2014 for chief complaints of discomfort and pain in the low back area. The patient had been utilized for a hardware block and wanted to have that procedure performed. On the physical examination, the patient was not noted to have any cervical pain or deficits. The majority of the examination included the thoracic spine down through the left ankle and foot. There was no mention of any cervical concerns at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine epidural steroid injection (ESI) at C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Neck, Web Edition.

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

Decision rationale: Under the MTUS guidelines it indicates that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). However, they further indicate that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Although this employee has undergone a previous epidural steroid injection, due to the non-recommendation per the MTUS guidelines and due to the documentation not indicating the employee is having any current radicular signs/symptoms or pain in the cervical region, the requested service is not deemed medically necessary and is non-certified.