

Case Number:	CM13-0057107		
Date Assigned:	12/30/2013	Date of Injury:	02/08/2012
Decision Date:	04/18/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 expert 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 is a 49 year-old female who was injured on 2/8/2012. She has been diagnosed with: cervical strain and pain; cervical spondylosis with LUE radiculitis; mixed electrodiagnostic evidence of mild bilateral focal median neuropathy at the wrist; left shoulder pain and impingement, post left shoulder arthroscopy. According to the 9/7/13 report from [REDACTED] the patient presents with neck and left shoulder pain. [REDACTED] recommended a trial cervical epidural steroid injection. On 11/4/13 UR recommended non-certification for the epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN.

Decision rationale: According to the 9/7/13 report from [REDACTED], the patient presents with neck and left shoulder pain. The request is for a trial cervical Epidural Steroid Injection (ESI). The provided subjective complaints and physical exam findings do not identify a specific nerve root distribution or dermatomal distribution. There are no cervical exam findings to suggest

radiculopathy. There were not cervical Magnetic resonance imaging (MRI) reports provided for this Independent Medical Review IMR, and the 4/13/13 electrodiagnostic report was negative for cervical radiculopathy. California Medical Treatment Utilization Schedule (MTUS) states epidural steroid injections are: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." California Medical Treatment Utilization Schedule (MTUS) gives specific criteria for epidural steroid injections, the first item is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The California Medical Treatment Utilization Schedule (MTUS) criteria for an Epidural Steroid Injection (ESI) have not been met.