

Case Number:	CM13-0059193		
Date Assigned:	12/30/2013	Date of Injury:	03/07/2007
Decision Date:	04/30/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal Medicine; has a subspecialty in Emergency Medicine 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 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 patient is a 45 year-old with a date of injury of March 07, 2007. A progress report associated with the request for services, dated October 23, 2013, identified subjective complaints of neck and right greater than left upper extremity pain. She also has burning and numbness in the hands. Objective findings included mild decrease in range-of-motion of the cervical spine. Upper extremity motor and sensory function and reflexes were intact. An MRI showed cervical disc protrusion and was compatible with radiculopathy. Diagnoses included cervical disc disease with stenosis and radiculitis. Treatment has included physical therapy and oral opioids, anti-seizure drugs and NSAIDs. She underwent a right shoulder arthroscopy and debridement on September 04, 2013. A Utilization Review determination was rendered on November 08, 2013 recommending non-certification of a Cervical Epidural Steroid Injection, interlaminar.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN INTERLAMINAR CERVICAL EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Epidural Steroid Injections.

Decision rationale: The California MTUS Chronic Pain Guidelines state that epidural steroids injections (ESIs) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The Official Disability Guidelines (ODG) states that epidural steroid injections of the neck are recommended as an option for radicular pain. Objective findings of radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing; and the patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The patient has objective findings localized to the right upper extremity. However, she was also six weeks postoperative from shoulder surgery on that side. The approach to the requested epidural injection was not diagnostic. Therefore, the record does not document the medical necessity for an interlaminar cervical epidural steroid injection.