

Case Number:	CM13-0060639		
Date Assigned:	12/30/2013	Date of Injury:	02/17/2009
Decision Date:	05/12/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/04/2013

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 & Rehabilitation, and is licensed to practice in Texas. 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 56-year-old female with a reported work related date of injury 02/17/2009; the mechanism was a slip and fall. Diagnoses included sprain of neck and neuralgia neuritis NOS. In a Supplemental Qualified Medical Evaluation Report dated 01/13/2014, the physical examination revealed tenderness over the right trapezius. An unofficial EMG performed on 10/02/2012, showed mild to moderate chronic bilateral right greater than left C5 and C6 cervical radiculopathy. An official MRI performed on 07/05/2013 revealed a 2 mm central broad based disc bulge at C5-6 with no definite facet arthrosis or uncovertebral hypertrophy. There was mild bilateral foraminal stenosis without central stenosis. The treating physician noted that despite the EMG nerve conduction velocity findings, there was no evidence of clinical radiculopathy upon evaluation. The treating physician also determined that in the absence of clinical radiculopathy or corresponding neural compression lesion, the injured worker would not be a candidate for epidural steroid injections or surgical intervention. A request for authorization was received on 11/08/2013 for a cervical epidural steroid injection; however, the level at which the injection was to be administered was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION, UNSPECIFIED LEVEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, p. 46, 2010 Revision, Web Edition.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The MTUS Chronic Pain Guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS Chronic Pain Guidelines note injured workers should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) among the criteria for the medical necessity of an epidural steroid injection. The documentation submitted for review failed to indicate the level at which the epidural steroid injection is to be administered. The treating physician noted that despite the EMG nerve conduction velocity findings, there was no evidence of clinical radiculopathy upon evaluation. The treating physician also determined that in the absence of clinical radiculopathy or corresponding neural compression lesion, the injured worker would not be a candidate for epidural steroid injections or surgical intervention. Per the MRI report of 07/05/2013, there was a 2mm central broad based disc bulge at C5-6 with no definite facet arthrosis or uncovertebral hypertrophy. The MTUS Chronic Pain Guidelines note injured workers should be initially unresponsive to conservative treatment and in PR-2 report, 07/17/2013, it's noted that the injured worker responded to axial traction to cervical spine in therapy but no other details were provided. Because of the lack of detailed conservative treatment, absence of radiculopathy on physical exam, and the level at which the epidural steroid injection is to be administered, the request is not medically necessary and appropriate.