

Case Number:	CM13-0064797		
Date Assigned:	01/03/2014	Date of Injury:	09/28/1992
Decision Date:	05/22/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

The claimant is a 54-year-old gentleman, who sustained neck and low back injuries when he was involved in a work-related rollover accident on September 28, 1992. The claimant underwent a C5 through C7 anterior cervical discectomy and fusion in 1994. More recently, an October 18, 2013 report of an MRI of the cervical spine showed prior fusion changes with no definitive compressive neurologic findings. Specific to the claimant's cervical spine, notes from a November 11, 2013, clinical visit documented neck pain and radiating pain to the upper extremities. Physical examination showed tenderness to palpation, restricted range of motion and no documented upper extremity sensory, motor or reflexive deficit. During a December 4, 2013, follow-up visit, objective findings to the neck was not documented. The claimant was diagnosed with cervical disc disease. This request is for a C7-T1 epidural steroid injection with fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION-C7/T1 CERVICAL EPIDURAL STEROID INJECTION WITH FLUOROSCOPIC GUIDANCE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines only recommend epidural steroid injections when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The clinical records provided for review fail to demonstrate radicular findings on examination, and recent imaging demonstrates no evidence of compressive pathology at the C7-T1 level. The request for injection-C7/T1 cervical epidural steroid injection with fluoroscopic guidance is not medically necessary and appropriate.