

Case Number:	CM13-0065720		
Date Assigned:	01/03/2014	Date of Injury:	06/23/2006
Decision Date:	03/20/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine & 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 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 42 year old female with date of injury of 06/23/2006. The listed diagnosis by [REDACTED] dated 11/04/2013 are: 1. Fibromyalgia 2. Lumbar disc herniation and right lateral, paracentral protrusion at L5-S1 3. Cervical disc degeneration and cervical pain. 4. Diabetes 5. Chronic pain syndrome According to progress report dated 11/04/2013 by [REDACTED], the patient presents with neck, shoulder, low back pain and essentially pain throughout her body. She rates her pain 4-5/10. Prolonged sitting and standing are still bothersome to her. She also states that it hurts a little more when lying down at night. Physical examination shows her forward bending at 60 to 70 degrees and extends 25 degrees. Her lateral bend is about 25 - 30 degrees. There is tenderness across the glutei, but there is no substantial or significant radiation of pain in any of the maneuvers. There is a marked amount of tension in her cervical paraspinal musculature. The patient is tender over the fibromyalgia tender points over the chest wall at the elbows, hips, glutei, trochanteric bursae and medial epicondyles of the knees and elbows. Reflexes are intact but sensation is diminished in the lateral aspect of the feet and dorsum of the feet. The treater is requesting 1 translaminar epidural steroid injection of the cervical spine, level unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Epidural steroid injections translaminar-cervical 1x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with chronic pain syndrome. Treater is requesting 1 translaminar epidural steroid injection of the cervical spine, level unknown. Utilization review dated 11/20/2013, denied the request stating "There is no report of cervical pain radiating to the upper extremities or neurological findings of radiculopathy. In addition, there are no supportive imaging or electrodiagnostic studies to support a cervical ESI." MTUS guidelines p46,47 states radiculopathy must be documented with physical examination and imaging studies. Progress report dated 10/07/2013 by [REDACTED], notes that the patient has marked amount of pain and spasm in the neck area. No specific radiating symptoms are described. Furthermore, the treater does not make any reference to MRI findings that may suggest problems with radiculopathy of the C-spine. Review of 97 pages of reports does not show a report of an MRI and no reference by any reports of an imaging study. Documentation of radiculopathy requires not only radiating pain but an imaging study that corroborate the radicular symptoms. Given the lack of clear diagnosis of radiculopathy, recommendation is for denial.