

Case Number:	CM13-0068840		
Date Assigned:	01/03/2014	Date of Injury:	05/17/2012
Decision Date:	04/14/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 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:

The patient is a 49-year-old female who reported an injury on 05/17/2012. The mechanism of injury was not submitted. The patient was diagnosed with cervical spine myofasciitis with radiculitis, rule out cervical spine disc injury; lumbar spine myofasciitis with radiculitis; rule out lumbar spine disc injury; left shoulder rotator cuff syndrome; carpal tunnel syndrome, bilateral; rotator cuff right shoulder, headaches, gastritis, and high blood pressure. The patient had an EMG/NCS on 08/07/2013 that revealed suspicion for possible chronic left C6 radicular irritation. However, the report states the findings are not considered to be diagnostic for radiculopathy. The progress report dated 11/11/2013 stated the patient was seen for a follow-up appointment regarding cervical and lumbar spine pain with stiffness along with bilateral shoulder pain, weakness of bilateral hands, headaches, stomach problems from medication use, anxiety, stress, depression, and high blood pressure. The patient had decreased cervical range of motion with end range pain; weakness was noted in the bilateral grip strength. The patient had a positive apprehension test for bilateral shoulders. The patient was recommended for a cervical epidural steroid injection under fluoroscopy and anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL INJECTION UNDER FLUOROSCOPY AND ANESTHESIA
PER 11/21/13 RFA QTY 1: Upheld**

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

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

Decision rationale: CA MTUS states radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must also be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The patient complained of cervical pain with stiffness along the bilateral shoulders. However, no radiculopathy symptoms were noted on the physical examination. Also, the patient's previous EMG/NCS does not show definitive evidence of radiculopathy. Given the lack of documentation to support Guideline criteria, the request for Cervical epidural injection under fluoroscopy and anesthesia per 11/21/13 RFA qty 1 is non-certified.