

Case Number:	CM13-0070786		
Date Assigned:	01/08/2014	Date of Injury:	02/22/2008
Decision Date:	05/22/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 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 58 year-old patient sustained an injury on 2/22/08 while employed by [REDACTED]. Diagnoses include cervical spine degenerative disc disease/disc protrusion/radiculopathy and stenosis. Conservative care has included physical therapy, medication, and home exercise program. A report of 11/4/13 from the provider noted patient with neck pain associated with numbness. Exam of the cervical spine showed decreased range of motion, positive tenderness to palpation and decreased muscle testing at 4/5. CT scan of the cervical spine was reviewed; however, the analysis was not elaborated. The request for cervical epidural steroid injection was non-certified on 12/4/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION AT C5-6 SPINE: 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 Page(s): 46-47.

Decision rationale: The MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with

corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, which is not established here as there is no analysis from the CT scan performed. Clinical findings have no specific myotomal or dermatomal correlation identified. It is not clear if the patient had undergone previous injections; however, submitted reports have not adequately demonstrated any significant pain relief or functional improvement from a prior injection for this 2008 injury or failed conservative treatment of therapy, medication, and exercise program. An AME report noted no further injections or surgical interventions recommended for this patient who is s/p cervical and lumbar fusions with "notoriously poor outcome." The request is not medically necessary and appropriate.